



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA  
Chief Executive Officer

July 31, 2012

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**AGREEMENT WITH FIRST 5 LA TO ACCEPT \$87.3 MILLION FOR SERVICES  
FROM THE DEPARTMENTS OF PUBLIC HEALTH AND MENTAL HEALTH,  
APPROPRIATION ADJUSTMENT TO REFLECT FUNDS IN THE 2012-13 ADOPTED  
BUDGET, DELEGATE AUTHORITY TO THE DIRECTOR OF MENTAL HEALTH TO  
AMEND EXISTING PROVIDER AGREEMENTS TO IMPLEMENT SERVICES, AND  
APPROVE FIVE NEW POSITIONS TO SUPPORT PARENT CHILD INTERACTION  
SERVICES  
(ALL SUPERVISORIAL DISTRICTS) (4 VOTES)**

## **SUBJECT**

Delegate authority to the Chief Executive Officer, or his designee, to execute an Agreement with First 5 LA, effective July 1, 2012 through June 30, 2017, to accept \$87.3 million in funds for services from the Departments of Public Health and Mental Health. Also, approve an Appropriation Adjustment to reflect the funds in the 2012-13 Adopted Budget and adjust the operating budgets of the Departments of Public Health and Mental Health, as necessary, for program implementation. Finally, delegate authority to the Director of Mental Health, or his designee, to amend existing provider agreements to implement Parent Child Interaction Therapy services and approve five new positions, subject to allocation, to support the Department of Mental Health's Parent Child Interaction Therapy project.

## **IT IS RECOMMENDED THAT THE BOARD:**

1. Delegate authority to the Chief Executive Officer, or his designee, to execute an Agreement, approved as to form by County Counsel, with First 5 LA to accept \$87.3 million in funds for program services from the Departments of Public Health and Mental Health, effective July 1, 2012 through June 30, 2017,

*"To Enrich Lives Through Effective And Caring Service"*

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including \$41.2 million for Reducing Childhood Obesity, for a project term ending June 30, 2016; \$17.0 million for Parent Child Interaction Therapy, for a project term ending June 30, 2017; \$15.0 million for Access to Substance Abuse Treatment Services for High Risk Parents and Caregivers, for a project term ending June 30, 2015; and \$14.1 million for Healthy Kids Outreach Partnership services, for a project term ending June 30, 2015.

2. Delegate authority to the Chief Executive Officer, or his designee, to execute amendments to the Agreement to revise the Departments of Public Health and Mental Health program scopes of work, in substantially similar form to Attachments 2 through 5 to this Board letter, as agreed to by First 5 LA and Departments of Public Health or Mental Health with no change to the Agreement amount, and/or to extend the terms of the projects, at no additional cost, up to the five-year term of the Agreement, ending June 30, 2017, contingent on approval as to form by County Counsel and 30 days prior notification to the Board of Supervisors.
3. Approve an Appropriation Adjustment (Attachment 6) to reflect \$87.3 million in First 5 LA funds granted upon execution of this Agreement with the County of Los Angeles, to be deposited to a new Special Revenue Fund, the First 5 LA – County Strategic Initiatives Fund; increase the appropriation to the Departments of Public Health and Mental Health operating budgets for estimated 2012-13 expenditures to implement the program services; and establish obligated fund balances for the remaining funds for future budget fiscal years.
4. Direct that interest earnings from First 5 LA funds in the new Special Revenue Fund, the First 5 LA – County Strategic Initiatives Fund accrue to the Special Revenue Fund to be available for additional services consistent with the scopes of work in the Agreement with First 5 LA, contingent on the budget process and the Board of Supervisors approval.
5. Delegate authority to the Director of Department of Mental Health, or his designee, to prepare, sign and execute amendments with existing Department of Mental Health Legal Entity providers that currently provide Parent Child Interaction Therapy services and/or other compatible Evidence Based Practices approved by Department of Mental Health and First 5 LA to implement and expand such services to additional children and their caregivers, including increasing the Legal Entity provider agreement Maximum Contract Amount, revising the scope of work, and permitting reimbursement for training of provider personnel, as necessary, in order to render Parent Child Interaction Therapy services and/or other compatible Evidence Based Practices consistent with the

First 5 LA Agreement, provided that: 1) the Board has appropriated sufficient First 5 LA funds for the amendments; 2) approval by County Counsel as to form is obtained prior to such amendment; and 3) the Director of Department of Mental Health notifies the Board and the Chief Executive Office of the amendment in writing within 30 days after the execution of each amendment.

6. Delegate authority to the Director of Department of Mental Health, or his designee, to prepare, sign and execute amendments with existing Department of Mental Health Legal Entity providers that do not currently provide Parent Child Interaction Therapy services, but who are deemed qualified through an approved solicitation process to provide Parent Child Interaction Therapy services and/or other compatible Evidence Based Practices approved by Department of Mental Health and First 5 LA to implement such services including increasing the Maximum Contract Amount, adding a scope of work, and permitting reimbursement for training of provider personnel and for facility upgrades/modifications, as necessary, in order to render Parent Child Interaction Therapy services and/or other compatible Evidence Based Practices provided that: 1) the Board has appropriated sufficient First 5 LA funds for the amendments; 2) approval by County Counsel as to form is obtained prior to such amendment; and 3) the Director of Department of Mental Health notifies the Board and the Chief Executive Office of the amendment in writing within 30 days after the execution of each amendment.
7. Authorize Department of Mental Health to fill five new full-time equivalent "N" items, as identified in Attachment 7, in excess of that which is provided for in the Department of Mental Health staffing ordinance pursuant to Section 6.06.020 of the County Code and subject to allocation by the Chief Executive Office. The positions will be 100 percent funded by the First 5 LA funds.

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

##### **Agreement with First 5 LA to Accept \$87.3 million**

The first recommendation requests authorization for the Chief Executive Office (CEO) to execute an Agreement with First 5 LA to receive \$87.3 million, upon approval as to form by County Counsel, effective July 1, 2012 through June 30, 2017 for services from Departments of Public Health (DPH) and Mental Health (DMH) related to Strategic Initiatives approved by the First 5 LA Commission over the past two years. Upon execution of this Agreement, First 5 LA will transfer the full amount of funding to the County of Los Angeles (County) for these services. Attachment 1 describes the terms and conditions of the financing provisions of the Agreement.

Attachments 2 through 5 to this Board letter describe the DPH and DMH projects and the multi-year scopes of services and budgets for each program. These project scopes and budgets will serve as the relevant Exhibits to the First 5 LA/County Agreement.

Initial funding for two of the DPH programs, Healthy Kids Outreach Partnership (Attachment 2) and the Access to Substance Abuse Treatment Services for High Risk Parents and Caregivers Project (Attachment 3), has been provided previously to DPH under annual contracts with First 5 LA which must be renewed each year. Upon execution by First 5 LA and the County, this Agreement would replace those annual funding contracts, and provide \$14.1 million to continue the Healthy Kids Outreach Partnership program through June 30, 2015, and \$15 million to continue the Access to Substance Abuse Treatment Services for High Risk Parents and Caregivers Project through June 30, 2015. The program services will continue to be provided based on separate actions requested by DPH and authorized by the Board of Supervisors (Board).

Two other programs are new, DPH's Reducing Childhood Obesity project to reduce early childhood obesity (Attachment 4) and the DMH project for Parent Child Interaction Therapy (PCIT) (Attachment 5). Upon execution by First 5 LA and the County, this Agreement would provide \$41.2 million to DPH for the Reducing Childhood Obesity project through June 30, 2016, and \$17 million to DMH for PCIT through June 30, 2017.

Implementation of the two new programs is contingent on additional actions by the Board. The authorizations for the Director of DMH to implement the PCIT services are reflected in this letter and described below. The actions required for the Director of DPH to implement the Reducing Childhood Obesity project are reflected in a separate letter pending action by the Board.

This multi-project, multi-year Agreement offers a more efficient way of distributing First 5 LA funds for services to children and their families, by streamlining the contracting process between our two public agencies and allowing the County Departments to focus their efforts on program development and implementation and less on the administrative contracting process.

In addition, this Agreement and the intent of transferring the full \$87.3 million to the County demonstrates the commitment by First 5 LA to these Strategic Initiative programs, as long as the County Departments successfully meet the scopes of work they have agreed to for the program services. The intent of First 5 LA in transferring the full funding in advance is to create opportunities to leverage and match the First 5 LA funds with federal and State funds.

Currently, the process of awarding the funding has been limited to annual agreements between First 5 LA and the County for each program, which requires four separate contracts each year and lends some uncertainty for program planning, since the related contracts with the service providers are contingent on approval of the following years' funds.

This Agreement maintains an annual project scope review/budget approval process which is important to ensuring that the programs are effective in providing services to children and families, as intended. The Agreement also requires periodic reports by DPH and DMH during the fiscal year on expenditures and program progress and a year-end report by the Auditor-Controller (A/C) on fiscal year expenditures/funds. The reports which are generated will be sent both to the First 5 LA Commission and the Board. It should be noted that any administrative expense incurred by the A/C as a result of their involvement in meeting the objectives of the Agreement, an estimate of which is not yet known, will be reimbursed through the funds received from First 5 LA under the Agreement.

Recommendation 2 is requested to authorize the CEO to amend the Agreement, as needed, in response to the on-going evaluation by First 5 LA and County Departments to enhance and/or refine DPH and DMH program services for optimal benefit to children and families. The amendments will be contingent on approval by County Counsel as to form and 30-day prior notification to the Board.

#### Proposed Special Revenue Fund for First 5 LA – County Initiatives

Approval of Recommendation 3 would make adjustments to the 2012-13 Adopted Budget to reflect the \$87.3 million in First 5 LA funds, which would be deposited to the County in full upon execution of the Agreement. The Appropriation Adjustment (Attachment 6) would also make adjustments, as needed, to the DPH and DMH operating budgets for use of these funds for program implementation.

In order to accommodate this receipt of the funds, CEO staff has worked with the A/C in establishing a new Special Revenue Fund, the First 5 LA – County Strategic Initiatives, in the County Budget beginning in 2012-13. On an annual basis, transfers of funds will be budgeted for the DPH and DMH operating budgets per the County Budget process, as described in the financing provisions in Attachment 1.

As requested by First 5 LA, approval of Recommendation 4 would allow interest earnings from the First 5 LA dollars in the Special Revenue Fund to accrue to the Special Revenue Fund for additional program services, which will further enhance the First 5 LA Strategic Initiatives. Establishing and maintaining the Special Revenue Fund

allows for transparency in monitoring expenses and unspent funds via the County Budget, and the A/C will act as fiscal agent of the funds. DPH and DMH incurred costs will be reimbursed from the funds transferred from the Special Revenue Fund in the County Budget process.

### PCIT

PCIT is a unique parent/caregiver-child treatment program for caregivers and children age six months to five years, who are demonstrating behavioral problems and are at risk of physical abuse. PCIT is an Evidence Based Practice (EBP) that focuses on promoting healthy parent/caregiver-child relationships, increasing the child's pro-social behaviors, and increasing the parent/caregivers' behavior management skills. For the duration of this project, other County approved EBPs, determined in collaboration with First 5 LA, could be added to best serve the needs of this focal population.

The core components of PCIT include: (1) Use of standardized assessment instruments to guide treatment; (2) Inclusion of both the Child Directed Interaction and Parent Directed Interaction phases of treatment; (3) Coaching of parent/caregivers in live interactions with their children for majority of non-didactic sessions; (4) Coding of parent/caregiver-child interactions almost every coaching session; and (5) Assignment of homework between sessions.

The outcomes of this treatment approach include an increase of positive feelings and interactions between parent/caregivers and children; improvements in the child's behaviors; and parents/caregivers feeling empowered to use consistent, predictable and effective parenting strategies. Some positive outcomes may include increased frequency of affectionate interactions and verbal communication, increased frequency of pro-social parent/caregiver and child activities in the home and community together with the potential for a decrease risk of possible child abuse/neglect episodes.

Recommendations 5 and 6 will expedite the expansion and provision of PCIT and/or other County approved EBPs to eligible children and families who may or may not qualify for these services under State and federal funding requirements for Medi-Cal by providing broad delegated authority to DMH to make needed contract modifications to provider agreements for implementation of these services. These services provide for a broader therapeutic approach for children (for birth to five years old) who have serious emotional conditions and have been diagnosed with a mental disorder. PCIT and/or other County approved EBPs will enhance existing services to reduce incidences of low to moderately severe physical abuse cases involving young children.

Additionally, the approval of this Board letter will allow DMH to revise the Maximum Contract Amount (MCA) of existing Legal Entity (LE) PCIT Program providers to increase PCIT Program funding, thus enabling them to serve additional clients in the focal population. For those LEs that are not current PCIT Program providers but may qualify under an approved solicitation process, approval of Recommendation 6 will allow DMH to add PCIT Program funding to their existing provider agreements. This increase in MCA will enable all LEs to serve additional clients. A portion of the increase will be allocated to the LEs on a one-time basis for facility upgrades and/or modifications, as needed, and to prepare and train clinical and direct-service personnel to deliver services.

Furthermore, Board approval of Recommendation 7 will fund and allow DMH hiring authority for five (5) "N" positions for administrative oversight of the PCIT Program:

- The PCIT Training Coordinator will plan, develop, implement and coordinate PCIT program training activities. The Training Coordinator will also advise and consult with provider agencies, First 5 LA and PCIT trainers in formulating ongoing training plans.
- The Psychiatric Social Worker II will be the practice lead to agencies participating in this countywide project. The practice lead will also collaborate with the developer/trainer and act as a liaison among First 5 LA, DMH, developer/trainer and provider agencies.
- The Intermediate Typist Clerk will provide clerical and administrative support and will oversee training logistics and assist with scheduling trainings. The Intermediate Typist Clerk will develop, distribute, collect and summarize training evaluation documents.
- Health Program Analyst I will assist in the development, evaluation, monitoring and implementation of PCIT. Under general supervision, the Health Program Analyst I will define and analyze practice requirements, gather and analyze information and data pertaining to program functions, and plan, develop and monitor budgets for the PCIT project.
- Accountant II will assist in manual invoicing and complete payment to contract providers within the schedule deadline. The Accountant II will also be in charge of reviewing and accounting for other financial provisions of the contract providers in order to process their monthly payments.

### **FISCAL IMPACT/FINANCING**

The total funding of \$87.3 million for the Agreement with First 5 LA includes: \$41.2 million through June 30, 2016 to DPH for the Reducing Childhood Obesity project; \$17.0 million through June 30, 2017 to DMH for PCIT, \$15.0 million through June 30, 2015 to DPH for Access to Substance Abuse Treatment Services for High Risk Parents and Caregivers; and \$14.1 million through June 30, 2015 to DPH for the Healthy Kids Outreach Partnership program. Attachments 2 through 5 include the multi-year budgets for these programs which will be reflected in the Agreement.

Approval of the recommended appropriation adjustment (Attachment 6) will transfer approximately \$12.4 million from the First 5 LA – County Strategic Initiatives Fund to DPH (\$1.3 million for Salaries and Employee Benefits and \$11.1 million for Services and Supplies) for the Reducing Childhood Obesity, Access to Substance Abuse Treatment Services, and Healthy Kids Outreach Partnership projects and will transfer approximately \$3.0 million to DMH (\$0.4 million for Salaries and Employee Benefits and \$2.6 million for Services and Supplies) for the PCIT project for 2012-13. The recommended action will also establish obligated fund balances for the remaining 2012-13 and future years' funds.

As noted above, any administrative expense incurred by the A/C as a result of their involvement in meeting the objectives of the Agreement, an estimate of which is not yet known, will be reimbursed through the funds received from First 5 LA under the Agreement.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The First 5 LA Agreement is under review by County Counsel, in negotiation with counsel for First 5 LA. A copy of the Agreement will be provided to the Board upon execution.



The Honorable Board of Supervisors  
July 31, 2012  
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**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

The First 5 LA funding will increase public health and mental health services for children and families. This streamlined administrative process allows for more efficient program planning and development, and expedites program implementation.

Respectfully submitted,



WILLIAM T FUJIOKA  
Chief Executive Officer

WTF:SAS:MLM  
RM:hd

Attachments (7)

c: Executive Office, Board of Supervisors  
County Counsel  
Auditor-Controller  
Mental Health  
Public Health

## FIRST 5 LA

**SUBJECT:**

**Proposed Multi-Project Agreement between First 5 LA and Los Angeles County to Administer and Implement County-wide Initiatives**

**RECOMMENDATION:**

**Approve Proposed Multi-Project Agreement between First 5 LA and the County of Los Angeles to Administer and Implement County-wide Initiatives. Authorize the Interim Chief Executive Officer to finalize the agreement and execute on behalf of First 5 LA.**

**BACKGROUND:**

As part of the Countywide Initiatives, first approved in late 2010, the First 5 LA Commission approved funding for several multi-year new programs with the County of Los Angeles. Funding was recommitted as part of approval of the FY 2012-13 Budget in June. First 5 LA and the County propose to develop a multi-party agreement that would provide an overall contract and funding mechanism for programs authorized by the First 5 LA to be implemented by County departments. This expedited process will eliminate the need for multiple county contracts, saving administrative time and cost, while retaining funding specific to each program. The new process will create a special revenue fund in which funds will be deposited in advance, creating opportunities for the County to leverage and match the First 5 LA funding through federal and state funding.

**DISCUSSION:**

The Proposed Multi-Project Agreement has been developed as a contracting mechanism to develop standard terms and conditions for First 5 LA projects executed and administered by County departments. Currently, First 5 LA's contracting process with the County is the same as all other First 5 LA agreements with non-profit organizations or other agencies. Each County department independently negotiates agreements with First 5 LA and is required to provide duplicative contracting documents. Given that the County departments and First 5 LA have interests that are aligned and both have some report responsibility to the County Board of Supervisors, an expedited process is recommended to streamline contracting, transfer of funding, and project reporting.

Four programs with previously approved funding by First 5 LA and administered by the County of Los Angeles are proposed for inclusion under the Multi-Project Agreement as indicated in the table below.

<b>Program Name</b>	<b>County Department</b>	<b>Approved Allocation</b>	<b>Contract Term Through June 30</b>
Reducing Childhood Obesity	DPH	\$41,197,400	2016
Parent Child Interaction Therapy	DMH Portion Only	\$17,000,000	2017
Substance Abuse Treatment Services	DPH	\$15,000,000	2015
Healthy Kids*	(DPH Portion Only)	\$14,078,292	2015
<b>TOTAL</b>		<b>\$87,275,692</b>	

\* The DPH portion of the Healthy Kids contracted amount was previously approved by the Commission for FY 2012-13. The FY 2012-13 scope and budget are provided as background documents.

The attached Term Sheet provides a summary of the proposed terms and conditions for the proposed Multi-Project agreement (the "Agreement"). While the form is still being finalized, the Agreement provides a structure for the County, through the Auditor-Controller acting as the fiscal agent, to receive, administer and manage the execution of programs authorized by First 5 LA. Key provisions of the Agreement include the following:

- County will create a Special Revenue Fund for the full amount of multi-year First 5 LA funding for the identified programs. Departments will be reimbursed for the expenses associated with implementation of these programs from the Special Revenue fund.
- Funding will be disbursed to the Special Revenue Fund upon execution of the agreement; any interest earnings will be reinvested in the Special Revenue Fund. The County Auditor-Controller will act as the fiscal agent of the fund and will reimburse County departments for expenses incurred in implementing the programs. All program expenses must be consistent with the approved multi-year scope of services and budget, and the annual scope of work and budget.
- The agreement includes each multi-year project scope and budget, as well as the annual scopes of work and budgets, which will be approved and are contained as exhibits to the agreement. The scope of services includes a statement of the intended objectives and measurable outcomes that will be used to monitor and evaluate program results and implementation. Annually, the County will submit a budget and scope of work that designates the specific activities associated with each program that will be funded out of this account and annual budget. Annually, the Commission will approve each scope of work and budget prior to the beginning of the next fiscal year.
- The FY 2012-13 scopes of work and budgets have been finalized between First 5 LA program staff and County department staff. The contracts will be effective July 1, 2012, consistent with the Commission's prior funding actions.
- The County will make efforts to use First 5 LA funding as possible and appropriate to leverage additional funding from federal and state sources, such as Medi-Cal, State Proposition 63, and other funding sources.

Upon approval by the Commission, the Interim CEO will work with the County and Commission Counsel to finalize and execute the agreement.

**Attachments:**

1. Summary of Proposed Terms and Conditions
2. Reducing Childhood Obesity Program Documents
3. Parent Child Interaction Therapy Program Documents
4. Substance Abuse Treatment Services Program Documents
5. Healthy Kids Program Documents

**For Office Use**

Board Action Taken:

Approved: ☐ Yes ☐ No ☐ Further Discussion

Referred to Committee/Work Group: \_\_\_\_\_

**Proposed Terms and Conditions for Multi-Project Agreement  
between First 5 LA and the County of Los Angeles**

<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ Develop and expedited process for contractual agreements between the County of Los Angeles and First 5 LA.</li> <li>▪ Create a restricted special revenue fund at the County that will increase visibility of First 5 LA funding that supports County services.</li> <li>▪ Create opportunities for County to leverage First 5 LA funding and drawdown additional federal and/or state funding to increase total program funding.</li> </ul>
<b>Programs</b>	<p>The following programs previously authorized by the Commission will be included within the scope of agreement.</p> <ul style="list-style-type: none"> <li>▪ Reducing Childhood Obesity (DPH) –implement a multi-faceted program to increase physical activity, improve nutrition, and reduce the prevalence and incidence of childhood obesity among children prenatal to five years of age and their families throughout Los Angeles County.</li> <li>▪ Substance Abuse Treatment Services (DPH) – Provide increased access to and utilization of substance abuse services among parent/caregivers with open cases in DCFS in cases where there is potential or risk for abuse or neglect due to substance abuse.</li> <li>▪ Healthy Kids (DPH) - Oversees the outreach, enrollment, utilization and retention activities to increase access and utilization of health care programs for children from birth through age 5</li> <li>▪ Parent Child Interaction Therapy, PCIT (DMH) – Expand the number of provider agencies and therapists that are certified to provide PCIT and provide funding that supports expansion of the services.</li> </ul> <p>Additional programs may be added under the Multi-Party agreement if awarded by First 5 LA.</p>
<b>Term of Agreement</b>	<p>Contract term is five years effective July 1, 2012; individual programs may be funded for a shorter period of time.</p> <p>Contract may be extended at mutual agreement. Contract effective date will be July 1, 2012. Creation of the special revenue fund and the revenue contract effective date could be retroactively established for July 1, consistent with County policies. The use of the funds by the County Departments for specific services contracts will occur prospectively, subject to approval by the Board of Supervisors.</p>
<b>Total Funding</b>	<p><b>\$87,275,692</b></p> <p>Funding will be disbursed to the County upon execution of the agreement. The County will establish a Special Revenue Fund to hold, account for, and disburse the funds to departments. Any interest on funds will be reinvested in the fund and used to support programs.</p>

<b>Funding Security</b>	<p>The County Auditor-Controller will act as fiscal agent of the Special Revenue Fund. At First 5 LA's direction and upon approval of claims for funding, the Auditor-Controller will reimburse County departments for expenses incurred on programs.</p> <p>The Auditor-Controller will prepare an annual financial report to the Board of Supervisors and First 5 LA detailing the actual expenses against budget for each program and any administrative costs associated with management and implementation of the programs.</p>
<b>Program Review</b>	<p>Each funded program will include the following documents which will be exhibits to the Multi-Party agreement and specify the project scope, budget and annual plans:</p> <ul style="list-style-type: none"> <li>▪ Multi-year Scope of Services- Define the work to be accomplished over the project term. It will identify the outcomes and outcomes objectives that the program is working achieve.</li> <li>▪ Multi- year Budget - Defines how the total allocation will be expended and the anticipated annual expenditures over the project term</li> <li>▪ Annual Budget – Prior to the beginning of the fiscal year, each program will submit an updated annual budget.</li> <li>▪ Annual Scope of Work– Consistent with the annual budget, the program will prepare and submit an updated plan of the specific objectives to be achieved, activities to be completed and/or services to be delivered, and products to be delivered and submitted to First 5 LA during the fiscal year that align with the Multi-Year Scope of Services objectives and outcomes.</li> </ul> <p>The County will submit the annual budget and scope of work for the subsequent fiscal year by February 1. First 5 LA will make efforts to approve the annual scope of work and budget by mid-March so that it can be incorporated into the County Recommended Budget.</p>
<b>Evaluation Reporting</b>	<p>Quarterly and annual reports will be provided to First 5 LA:</p> <ul style="list-style-type: none"> <li>▪ Quarterly Financial Progress Reports – Programs will provide quarterly expense claim and progress reports against annual budget. Budgets will be submitted and approved annually, consistent with the Multiyear Budget and actual expenditures. .</li> <li>▪ Quarterly and Annual Program Progress Reports – Progress in completing the proposed activities, attaining the performance milestones, and producing the systems- and client-levels outcomes will be reported to the Commission quarterly and annually. Specific evaluation indicators and measures will be determined for each program.</li> <li>▪ Annual Fiscal Report - Auditor-Controller will prepare a report of actual expenses for each project against plan and provide a statement of fund balance. The fund will be reflected in the County Annual Budget and the County annual financial audit and Comprehensive Annual Financial Report (CAFR).</li> </ul>

<b>Modifications to Approved Scope</b>	<p>If annual spending is less than anticipated, County will be able to present proposals to redirect funding within existing scope of works or to similar programs would achieve the same outcomes. Through the annual scope of work and budget submittal process, the County may request extension the term of funding or other changes within the authorized funding limit. The modifications will be considered as part of the annual review process.</p> <p>The County may also propose revisions to the subsequent year scope of service based on lessons learned, outcomes, and emerging issues. Revisions, including proposals for alternative programs that will achieve similar outcomes, will be subject to Commission's annual approval of the scope of work.</p>
<b>Other Restrictions</b>	<ul style="list-style-type: none"> <li>▪ The County will make efforts to use First 5 LA funding as possible and appropriate to leverage funding from federal and state sources, such as Medi-Cal, State Proposition 63, and other funding sources.</li> <li>▪ Consistent with Prop 10 requirements, funds may not be used for supplanting.</li> </ul>

**FIRST 5 LA – LOS ANGELES COUNTY  
MULTI-PROJECT AGREEMENT CONTRACTS**

**EXHIBITS**

**Contract 1: County of Los Angeles Department of Public Health, Reducing Early Childhood Obesity in Los Angeles County**

- A. Multi-Year Scope of Services
- B. Projected Multi-Year Budget
- C. FY 12-13 Scope of Work, July 1, 2012 – June 30, 2013
- D. FY 12-13 Budget, July 1, 2012-June 30, 2013
- E. FY 12-13 Budget Narrative

**Contract 2: County of Los Angeles Department of Mental Health Parent-Child Interaction Therapy**

- A. Multi-Year Scope of Services
- B. Projected Multi-Year Budget
- C. FY 12-13 Scope of Work, October 1, 2012 – June 30, 2013
- D. FY 12-13 Budget, October 1, 2012-June 30, 2013
- E. FY 12-13 Budget Narrative

**Contract 3: County of Los Angeles Department of Public Health Access to Substance Abuse Services for High Risk Parents and Caregivers**

- A. Multi-Year Scope of Services
- B. Projected Multi-Year Budget
- C. FY 12-13 Scope of Work, July 1, 2012 – June 30, 2013
- D. FY 12-13 Budget, July 1, 2012-June 30, 2013
- E. FY 12-13 Budget Narrative

**Contract 4: County of Los Angeles Department of Public Health Healthy Kids**

- A. Multi-Year Scope of Services
- B. Projected Multi-Year Budget
- C. FY 12-13 Scope of Work, July 1, 2012 – June 30, 2013
- D. FY 12-13 Budget, July 1, 2012-June 30, 2013
- E. FY 12-13 Budget Narrative

County of Los Angeles Department of Public Health,  
Healthy Kids

- A. Multi-Year Scope of Services
- B. FY 12-13 Scope of Work, July 1, 2012 – June 30, 2013
- C. FY 12-13 Budget, July 1, 2012-June 30, 2013



**Multi-Year Scope of Services**  
**County of Los Angeles Department of Public Health**  
**Healthy Kids Outreach Partnership**  
**July 1, 2012 – June 30, 2015<sup>1</sup>**

**PROJECT:** Healthy Kids Outreach Partnership

**BACKGROUND:** The Healthy Kids Outreach Partnership Project is a partnership among First 5 LA, County of Los Angeles Department of Public Health (DPH) and LA Cares to provide insurance coverage for eligible children for up to 15,000 members per month at the \$117 per member per month fee. The project includes funding for outreach and enrollment services as well as the monthly insurance premium. Outreach and enrollment is provided by DPH.

**FIRST 5 PRIORITY GOAL:** The proposed program is in line with the Commission's Strategic Plan Systems Improvement Strategy and to increase access to health services.

**TARGETED OUTCOMES:** In implementing this project, the County of Los Angeles Department of Public Health will focus on meeting the following outcomes.

1. Improve access to and the quality of, health resources for pregnant women, young children and their families.
2. Increase the percentage of eligible children who are enrolled and retained in low or no cost health insurance programs.
3. Increase utilization of preventative and other needed services among children from birth through age 5 enrolled in low or no-cost health insurance programs.

**SCOPE OF SERVICES:** The County of Los Angeles Department of Public Health will oversee the outreach, enrollment, utilization and retention activities to increase access and utilization of health care programs for children from birth through age 5. Annually, DPH will set targets for outreach and enrollment as part of its workplan. DPH will execute this program through community-based organizations and the cities of Long Beach and Pasadena Health Departments. DPH will provide project

management and will oversee and monitor the work of all subcontracts engaged to support the scope of services. To support accurate and eligible enrollment, DPH will provide regular training for subcontractors and other agency staff, as appropriate, on Healthy Kids and other free and low-costs health coverage programs. Finally, DPH will actively support First 5 LA's evaluation of the program and support related data collection efforts. Specifically, DPH will annually focus on achieving the following objectives:

1. Successfully engage a minimum of 153,017 persons of the target population annually through outreach contacts/presentations.
2. Complete applications for a minimum of 25,379 uninsured clients enrolling into Healthy Kids, Medi-Cal, Healthy Families and other free or low cost health coverage programs.
3. Investigate status of enrollment within three months of application completion date on 100 percent of client applications assisted with or facilitated by subcontracting agencies
4. Confirm enrollment on 70-90 percent of applications assisted with facilitated by subcontracting agencies
5. Provide ongoing assistance to a minimum of 15,244 clients experiencing problems with enrollment, utilization of benefits, retention and redetermination of eligibility.

# EXHIBIT A – SCOPE OF WORK

Contract Number: 0493

Agency Name: Los Angeles County Department Public Health

Project Name: Healthy Kids Outreach Partnership

Project Length: 5 Years

Contract Period: July 1, 2012 – June 30, 2013

Revision Date:

Report Period:

Submission Date (Office Use Only)

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables																				
<p>1. Ensure and oversee the provision of outreach, enrollment, utilization, and retention activities through community-based organizations, and the cities of Long Beach and Pasadena Health Departments. By June 30, 2013, the Project will:</p> <p>a. Successfully engage a minimum of 153,017 of the target population through an outreach contact.</p> <table><tr><th>SPAs</th><th>Numbers</th></tr><tr><td>1</td><td>5,040</td></tr><tr><td>2</td><td>14,480</td></tr><tr><td>3</td><td>44,220</td></tr><tr><td>4</td><td>13,580</td></tr><tr><td>5</td><td>3,000</td></tr><tr><td>6</td><td>28,436</td></tr><tr><td>7</td><td>27,467</td></tr><tr><td>8</td><td>16,794</td></tr><tr><td>Total</td><td>153,017</td></tr></table> <p>Successfully engaged" is defined as having documented agency outreach contacts (see subcontracting agencies' Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p> <p>An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.</p>	SPAs	Numbers	1	5,040	2	14,480	3	44,220	4	13,580	5	3,000	6	28,436	7	27,467	8	16,794	Total	153,017	<ul style="list-style-type: none"><li>• Perform contract management.</li><li>Provide technical assistance on site or by phone as needed to perform program assessment and address areas of concern.</li><li>Review monthly reports to assess progress toward monthly objectives.</li><li>Coordinate subcontracting agency participation in special, Countywide outreach and enrollment events as identified by Children's Health Initiatives collaborative.</li><li>Review and approve monthly invoices for payment of contracted services.</li><li>Review and approve budget modifications.</li><li>Review and approve Project materials for distribution to the public.</li><li>Review and approve subcontracting agencies' Quality Improvement Plans (QIP).</li><li>Conduct monthly subcontractor meetings to address project operational and policy issues; facilitate collaboration among agencies; and highlight effective outreach, enrollment, and retention strategies and best practices via presentations and group discussions.</li><li>Survey data system to monitor outreach, enrollment, utilization, and retention trends in order to: 1) determine deficiencies reaching the primary target population; and 2) discuss and share best practices and effective strategies among contracted partners at monthly subcontractor meetings.</li></ul>	Cindy Harding Christina Villa Suzanne Bostwick Ayda Ghebrezghi <b>Veronica Carter</b> <b>Adjoa Jones</b> <b>Suvas Patel</b> (Note: bolded name are on the First SLA Budget)	July 2012 and ongoing	<ul style="list-style-type: none"><li>• 100 percent of subcontractors submit monthly reports and invoices documenting services and applicable charges. Monthly 7/12-6/13.</li><li>• DPH establishes validation of outreach contacts (by SPA) through the data system and contract monitoring program. Annually by 6/30/13</li><li>• 100 percent of subcontractors develop QIP. Annually by 6/30/13</li><li>• DPH conducts a minimum of 10 subcontractor meetings. Annually by 6/30/13</li></ul>
SPAs	Numbers																							
1	5,040																							
2	14,480																							
3	44,220																							
4	13,580																							
5	3,000																							
6	28,436																							
7	27,467																							
8	16,794																							
Total	153,017																							

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>c. Investigate status of enrollment within three months of application completion date on 100 percent of client applications assisted with or facilitated by subcontracting agencies.</p> <p>This objective documents sub-contractor effort to ascertain enrollment status. "Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (e.g., MEDS).</p>	<ul style="list-style-type: none"> <li>Perform contract management. (Same as above)</li> </ul>	<p>Suzanne Bostwick Christina VillaSenor Ayda Ghebrezghi <i>Veronica Carter</i> <i>Adjoa Jones</i> <i>Suvus Patel</i></p>	<p>July 2012 and ongoing</p>	<ul style="list-style-type: none"> <li>DPH establishes validation of percentage of enrollments investigated through the data system and contract monitoring program. Monthly 7/12-6/13</li> </ul>
<p>d. Confirm enrollment on 70-90 percent of applications assisted with or facilitated by subcontracting agencies.</p> <p>The objective documents enrollment outcome. "Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>		<p>Suzanne Bostwick Christina VillaSenor Ayda Ghebrezghi <i>Veronica Carter</i> <i>Adjoa Jones</i> <i>Suvus Patel</i></p>	<p>July 2012 and ongoing</p>	<ul style="list-style-type: none"> <li>DPH establishes validation of confirmed enrollment percentage through the data system and contract monitoring program. Monthly 7/12-6/13</li> </ul>
<p>e. Provide ongoing assistance, e.g., troubleshooting and problem solving, to a minimum of 15,244 clients experiencing problems with enrollment, utilization of benefits, retention, and redetermination of eligibility. Targets for ongoing assistance are:</p>				<ul style="list-style-type: none"> <li>DPH establishes validation of troubleshooting and problem solving assistance (by SPA) Monthly 7/12-6/13</li> </ul>

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables																				
<p>g. Provide re-determination assistance to clients who submitted their original application elsewhere but presents at subcontracting agencies for assistance.</p> <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																					<ul style="list-style-type: none"><li>• Perform contract management. (Same as above)</li></ul>	<p>Suzanne Bostwick Christina VillaSenior Ayda Ghebrezghi <i>Veronica Carter</i> <i>Adjoa Jones</i> <i>Suvas Patel</i></p>	<p>July 2012 and ongoing</p>	<ul style="list-style-type: none"><li>• DPH establishes validation of non-agency redetermination assistance (by SPA) through the data system and contract monitoring program. Monthly 7/12-6/13</li></ul>
<p>h. Assess retention rate at 14<sup>th</sup> month post enrollment for a sample of clients who submitted applications and were confirmed enrolled in 1d. Sub-contractors will have a minimum of 60-75% retention rate at 14<sup>th</sup> month. (Percentage range due to sub-contractor variances.)</p>				<ul style="list-style-type: none"><li>• DPH establishes validation of retention rate through the data system and contract monitoring program. Performed Annually by 6/30/13</li></ul>																				
<p>i. Assess utilization assistance offered at 4-6 months post enrollment for clients who submitted applications. Subcontractors will offer utilization assistance to 70% of clients whose application were assisted or facilitated by contractor and confirmed enrolled in 1d.</p>				<ul style="list-style-type: none"><li>• DPH establishes validation of utilization offered percentage through the data system and contract monitoring program. Monthly 7/12-6/13</li></ul>																				

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>3) Reach parents of children in Early Education Centers and schools through 24 outreach presentations, and distribution of 200,000 "Request For Information" (RFI) forms sent home with the National School Lunch Application.</p> <p>4) Assist 1,200 individuals with enrollment in health coverage programs.</p>	<p>Provide forum through monthly contractors meeting for school-based collaboratives to highlight successes and solicit input for addressing specific outreach and enrollment issues.</p>	<p>Cindy Harding Christina VillaSenor <i>Veronica Carter</i></p>	<p>July 2012 and ongoing</p>	<ul style="list-style-type: none"> <li>100 percent of contracted partners incorporate school-based activities in monthly report to DPH. Monthly 7/12-6/13</li> </ul>
<p>3. Ensure that National Health Foundation and Maternal &amp; Child Health Access provide 320 hours of training, over a 52 week period, incorporating the following modules: 1) Train the Trainer, 2) New Initiatives (Review and Updates), 3) Condensed Comprehensive (Children's Health Access and Medi-Cal Program [CHAMP]), 4) Program Overview, 5) Certified Application Assistor (CAA), and 6) We've Got You Covered (comprehensive "core").</p> <p>All subcontracting agency staff and participating non-subcontracting agency staff will be fully trained to provide outreach, enrollment, utilization and retention services.</p> <p>All new enrollment staff will be trained within 30 days of their start dates.</p> <p>"Fully trained" is defined as participation in the DPH approved Comprehensive Training "Core," CAA, and Healthy Kids Training.</p>	<ul style="list-style-type: none"> <li>Conduct Health Insurance Training.</li> </ul> <p>Conduct training for subcontracting and non-subcontracting agency staffs (as appropriate) on Healthy Kids and other free and low-cost health coverage programs.</p>	<p>Suzanne Bostwick</p>	<p>July 2012 and ongoing</p>	<ul style="list-style-type: none"> <li>DPH maintains and updates training curricula through training subcontractor. Annually by 6/30/13.</li> <li>DPH attends scheduled meetings and participates in outreach and enrollment campaigns. As needed 7/12-6/13</li> </ul>

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
6. Ensure subcontracting agencies' compliance with County agreement, including Scope of Work (SOW) performance objectives	<ul style="list-style-type: none"> <li>• Perform contract monitoring. Review and monitor subcontracting agencies' monthly reports to assess progress made toward achieving stated SOW objectives.</li> <li>Conduct monitoring site visits to subcontracting agencies on annual basis. Perform administrative reviews to ensure required licenses, policies and procedures on file.</li> <li>Perform programmatic reviews to validate provision of services.</li> <li>Prepare administrative and programmatic report of findings.</li> <li>Review and approve subcontracting agencies' plans of corrective action.</li> <li>• Maintain and support DPH data tracking and reporting system.</li> <li>Provide technical assistance related to use of DPH data system to subcontracting agencies.</li> <li>Maintain and update DPH data system programming.</li> <li>Provide ongoing user support and troubleshooting.</li> </ul>	<p>Suzanne Bostwick Christina VillaSenor Ayda Ghebregzghi <i>Veronica Carter</i> <i>Adjoa Jones</i> <i>Suvas Patel</i> <i>PH Finance</i></p>	<p>July 2012 and ongoing</p>	<ul style="list-style-type: none"> <li>• DPH will conduct a minimum of 10 subcontractor meetings.</li> <li>• 80 percent of subcontractors achieve 100 percent of SOW objectives. Annually by 6/30/13</li> <li>• 100 percent of administrative and programmatic documents on file. Annually by 6/30/13</li> <li>• 100 percent of subcontracting agencies submit and implement plan of corrective action to become compliant with contract requirements. Annually by 6/30/13</li> <li>• 100 percent of agencies approved to use the data system will input data for the aggregate reports to the funder by 6/30/13.</li> </ul>
7. Conduct evaluation of process outcome measures for the Healthy Kids Outreach Partnership subcontracts and provide data to First 5 LA for their external evaluation.		<p>Lancer Shull <i>Suvas Patel</i> <i>Veronica Carter</i> Suzanne Bostwick Public Health IS</p>	<p>July 2012 and ongoing</p>	

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>8. (Continued) Conduct evaluation of process outcome measures for the Healthy Kids Outreach Partnership subcontracts and provide data to First 5 L/A for their external evaluation.</p>	<ul style="list-style-type: none"> <li>Collaborate with Healthy Kids Initiative external evaluator.               <ol style="list-style-type: none"> <li>1) Provide input into the design and implementation of the evaluation as it relates to outreach, enrollment, utilization, and retention; 2) Provide quantitative and qualitative data necessary for the evaluation; 3) Facilitate evaluator's access to the subcontracting agencies for the collection of qualitative data necessary for the evaluation; and 4) Provide Healthy Kids, Healthy Families, and Medi-Cal enrollment data of the primary target population in order to compare (via mapping) to the eligible but uninsured population.</li> </ol> </li> </ul>	<p>Lancer Shull Suzanne Bostwick <i>Veronica Carter</i></p>	<p>July 2012 and ongoing</p>	<p>DPH will provide external evaluator with data from DPH data system. As needed 7/12-6/13</p>





# Budget Summary

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Agency: LA County Department of Public Health (DPH)

Agreement Period: 07/01/12 - 06/30/13

Object Name: Healthy Kids- Outreach Partnership

Cost Category		First 5 LA Funds	Department of Public Health MAA Funds	Total Cost
1	Personnel	404,540		404,540
2	Contracted Services	4,103,587	350,000	4,453,587
3	Equipment	8,000		8,000
4	Printing/Copying	2,000		2,000
5	Space	16,448		16,448
6	Telephone	672		672
7	Postage	0		0
8	Supplies	7,938		7,938
9	Employee Mileage and Travel	1,356		1,356
10	Training Expenses	5,700		5,700
11	Evaluation	115,500		115,500
12	Other Expenses	0		0
13	*Indirect Costs	27,023		27,023
TOTAL:		\$4,692,764	\$350,000	\$5,042,764

Belinda Sngton

Fiscal Contact Person

Date

5/16/12

Agency Authorized Signature

Date

5/18/12

Phone #

213 637-8482

\*Indirect Costs MAY NOT exceed 10% of Personnel cost, excluding Fringe Benefits.

Additional supporting documents may be requested

First 5 LA Authorized Station Only
Program Officer: <u>[Signature]</u> 5/22/12
Finance: <u>[Signature]</u> 5/22/12

## Attachment 3

### County of Los Angeles Department of Public Health, Access to Substance Abuse Services for High Risk Parents and Caregivers

- A. Multi-Year Scope of Services
- B. Projected Multi-Year Budget
- C. FY 12-13 Scope of Work, July 1, 2012 – June 30, 2013
- D. FY 12-13 Budget, July 1, 2012-June 30, 2013
- E. FY 12-13 Budget Narrative

**Multi-Year Scope of Services**  
**County of Los Angeles Department of Public Health**  
**Substance Abuse Prevention and Control Unit**  
**July 1, 2012 – June 30, 2015<sup>1</sup>**

**PROJECT:** Access to Substance Abuse Services for High Risk Parents and Caregivers Project

**BACKGROUND:** At the November 18, 2010 Commission meeting, the First 5 LA Board of Commissioners approved \$15 million for a period of three years to improve access to substance abuse services for parents and caregivers of young children who have open cases with the County of Los Angeles Department of Children and Family Services.

This project will provide 3 additional years of funding in the amount of \$15,000,000<sup>2</sup> to the County of Los Angeles Department of Public Health to increase access to and utilization of substance abuse prevention and treatment services for parents and caregivers of children prenatal to age five in cases where there is potential or risk for abuse or neglect due to substance abuse. In Los Angeles County, 18% of all births are to mothers actively engaged in substance abuse, and the majority of open DCFS cases involve substance abuse in the parent/caregiver. As part of this project, parents of children, ages 0-5 years old, with opened cases and identified by the County of Los Angeles Department of Children and Family Services as having a need for substance abuse treatment services will be provided screening, brief intervention (information and education), referral, and substance abuse treatment, as needed.

**FIRST 5 LA PRIORITY GOAL:** The proposed program aims to address First 5 LA's FY2009-2015 Strategic Plan's *Priority Goal: Children are safe from abuse and neglect* by establishing a new referral system between DCFS and Substance Abuse and Prevention Control (SAPC) treatment providers to ensure substance abuse treatment services are provided and verify successful achievement of treatment outcomes.

<sup>1</sup>Project will be extended 6 months; therefore, contract end date is June 30, 2015

<sup>2</sup>Total project budget will be revised based on actual expenses incurred January 1 – June 30, 2012.

**SCOPE OF SERVICES:** The general scope of services to be provided by the County of Los Angeles Department of Public Health in implementing this project over 3 years<sup>1</sup> beginning July 1, 2012 will focus on meeting the following objectives:

1. Developing a new inter-departmental system of referrals and substance abuse treatment placement. Recruiting and hiring 30 full-time 'Substance Abuse Navigators' who will provide comprehensive screenings, referrals, and follow-through;
2. Recruiting and hiring 30 full-time 'Substance Abuse Navigators' who will provide comprehensive screenings, referrals, and follow up services (i.e. ensuring parents/caregivers attend Substance Use Disorder (SUD) related appointments and assisting in removal of barriers to SUD referrals);
3. Training for the County of Los Angeles Department of Children and Family Services and Substance Abuse and Prevention Control staff on the new referral system; and
4. Providing additional perinatal substance abuse services (if needed) and supportive services (e.g., childcare, transportation, referrals, etc.) for pregnant women and parents/caregivers of children prenatal through age 5.

**TARGETED OUTCOMES:** In implementing this project, the County of Los Angeles Department of Public Health will focus on producing the following outcomes:

1. Annually, at least 70% of families referred by DCFS with opened DCFS cases with substance use issues and involve children aged 0-5 will be seen by a Substance Abuse Navigator.
2. Annually, at least 60% of individuals who are identified, provided services by a Substance Abuse Navigator, and referred to substance use treatment services will enroll in treatment.
3. Annually, at least 70% of those who are referred by a Substance Abuse Navigator and engage in treatment will remain in treatment for a minimum of 30 days.
4. Annually, at least 50% of those referred by a Substance Abuse Navigator will complete the recommended treatment regime or demonstrate significant progress in meeting their treatment goals at the time of discharge.

<sup>1</sup>Project will be extended 6 months; therefore, contract end date is June 30, 2015

<sup>2</sup>Total project budget will be revised based on actual expenses incurred January 1 – June 30, 2012.



Champions For Our Children

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## Budget Summary

Exhibit B

Agency: Substance Abuse Prevention and Control

Project Name: High Risk Parents and Caregivers Project

Agreement Period: \_\_\_\_\_

Cost Category		First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	1,297,946	0	1,297,946
2	Contracted Svcs (Excluding Evaluation)	13,000,000	0	13,000,000
3	Equipment	0	0	0
4	Printing/Copying	0	0	0
5	Space	0	0	0
6	Telephone	0	0	0
7	Postage	0	0	0
8	Supplies	0	0	0
9	Employee Mileage and Travel	3,600	0	3,600
10	Training Expenses	0	0	0
11	Evaluation	500,000	0	500,000
12	Other Expenses (Excluding Evaluation)	75,480	0	75,480
13	*Indirect Costs	122,974	0	122,974
TOTAL:		\$15,000,000	\$0	\$15,000,000

Leo M. Busa, Director of Financial and Administrative Services

Fiscal Contact Person

Date

Agency Authorized Signature

Date

Phone # (626) 299-4152

First 5 LA Authorized Staff Only

Program Officer

Finance

\*Indirect Costs MAY NOT exceed 10% of Personnel cost, excluding Fringe Benefits.

**Additional supporting documents may be requested**

## EXHIBIT A – PERFORMANCE MATRIX

Contract Number: 08132

Agency Name: County of Los Angeles, Department of Public Health  
Project Name: Substance Abuse Services for High Risk Parents and Caregivers

Contract Period: 07/01/12 – 6/30/13

Project Length: 01/06/12 – 01/05/15 (3 years)

Revision Date:

Outcome Statement	Outcome Target	Performance Measures	Process Milestones
Target Population: Pregnant women and parents of children (aged 0 - 5) with opened Department of Children and Family Services (DCFS) cases where there is substance use.	<ul style="list-style-type: none"> <li>According to DCFS data, in Calendar Year 2009, 9033 of opened cases involved suspected neglect and/or abuse of children aged 0-5 years old. Of that total, there were 4811 cases (approximately 53 percent) where substance abuse/use was identified as a factor and involved children ages birth to five years.</li> </ul>	<ul style="list-style-type: none"> <li>At least 70 percent of families referred by DCFS with opened DCFS cases involve substance use issues and will be seen by a Substance Abuse Navigator (SA Navigator).</li> </ul>	Quarterly progress reports will be submitted to First 5 LA
Outcome #1: Create and maintain an interdepartmental system of referral and linkage from DCFS to substance use services for parents of children aged 0 - 5.	<ul style="list-style-type: none"> <li>SA Navigators will assist DCFS staff, women, and families, with children aged 0-5 years, as soon as a potential substance use issue is identified to facilitate access to treatment and other supportive services.</li> <li>Monitor and enhance the referral system through stakeholder input.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure First 5 LA funded personnel will be identified to continue to implement and manage program.</li> <li>Ensure at least one SA Navigator will be co-located at each DCFS Regional Office and Sub-site during normal business hours.</li> <li>Continue to convene the</li> </ul>	<ul style="list-style-type: none"> <li>Identification and linkages to substance use services and other ancillary services for high risk parents of children aged 0-5 years will be an integrated, seamless process and minimize the time from identification to referral.</li> <li>Within 30 days of completion of each Quarterly Report, distribute to personnel responsible for assisting in meeting facilitation, management, and oversight of the program.</li> <li>By December 31, 2012, submit memo to First 5 LA describing revisions made to the existing Standards and Practices, incorporating recommendations from stakeholders.</li> </ul>

## EXHIBIT A – PERFORMANCE MATRIX

Outcome Statement	Outcome Target	Performance Measures	Process Milestones
		<ul style="list-style-type: none"> <li>Steering Committee meeting, at least twice a year, to prioritize needs and assist in program planning and enhancement.</li> <li>Continue to convene a Provider Meeting every two months to discuss and address barriers within the system of treatment referral and linkages.</li> <li>Ensure cross-training exercises are conducted between DCFS and DPH-CASC staff at least twice per year.</li> </ul>	<ul style="list-style-type: none"> <li>By June 30, 2013, submit memo to First 5 LA describing additional revisions made to the Standards and Practices, based on additional recommendations.</li> <li>Within 30 days of each Steering Committee meeting, submit to First 5 LA a summary of the meeting.</li> <li>Within 30 days of each Provider Meeting, submit to First 5 LA a summary of the meeting.</li> <li>By April 30, 2013, collaborate with UCLA to develop and submit an evaluation plan including a logic model to review the program's impact in achieving specified outcomes.</li> <li>By December 31, 2012, all SA Navigators will attend and present at one or more General Staff meeting at their respective DCFS office.</li> <li>By June 30, 2013, all SA Navigators will attend at least one DCFS 101 informational training session.</li> </ul>
Outcome #2: Screen, assess, and refer pregnant women and families with children aged 0 – 5 years to substance use services in a timely, coordinated manner.	<ul style="list-style-type: none"> <li>Pregnant women and parents of children aged 0-5 with open DCFS cases and linked to the SA Navigator will be referred to a continuum of substance use services, ranging from screening and brief intervention services onsite at DCFS (where possible), to referrals and linkages (via a warm hand-off) to appropriate short and long-term treatment services.</li> </ul>	<ul style="list-style-type: none"> <li>At least 60 percent of individuals who are identified, provided services by a SA Navigator, and referred to substance use treatment services will enroll in treatment.</li> <li>At least 70 percent of those who are referred by a SA Navigator and engage in treatment will remain in treatment for a minimum of 30 days.</li> </ul>	<ul style="list-style-type: none"> <li>Women and families with children aged 0-5 who have been identified with substance use issues will be scheduled for a screening within 48 hours of DCFS referral.</li> <li>Individuals seen by a SA Navigator, where substance use treatment is indicated, will be linked to appropriate treatment within 3 business days of assessment.</li> <li>Submit updates and revisions to the protocol and standards with the Quarterly reports.</li> </ul>

## EXHIBIT A – PERFORMANCE MATRIX

Outcome Statement	Outcome Target	Performance Measures	Process Milestones
Outcome #3: Improved family well-being of the target population who receive SA Navigator services.	<ul style="list-style-type: none"> <li>Decreased substance use by target population.</li> </ul>	<ul style="list-style-type: none"> <li>At least 50 percent of those referred by a SA Navigator and engaged in treatment will complete the recommended treatment regime or demonstrate significant progress in meeting their treatment goals at the time of discharge.</li> <li>Coordinate with the project evaluation team and DCFS to set performance standards regarding increased rate of family reunification in the target population who receive services from a SA Navigator.</li> <li>Coordinate with the project evaluation team and DCFS to set standards regarding decreased recurrence of reported child abuse and/or neglect in the target population who receive services from a SA Navigator.</li> <li>Coordinate with the project evaluation team and DCFS to identify and define other indicators of family well-being.</li> </ul>	<ul style="list-style-type: none"> <li>Decreased recurrence of reported child abuse and/or neglect in the target population who receive services from a SA Navigator.</li> <li>Increased rate of family reunification in the target population who receive services from a SA Navigator.</li> <li>By August 31, 2013, submit a draft report that summarizes progress towards all outcomes and an overview of implementation of evaluation plan. Preliminary findings including lessons learned</li> <li>By September 30, 2013, submit a year 1 report (same as draft) except final needs to include executive summary</li> <li>By June 30, 2013, First 5 LA and DPH will mutually specify Year 3 Performance Matrix.</li> </ul>



**Budget - Outcomes Exhibit B**

Contract #

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Exhibit D

Agency: DPH-Substance Abuse Prevention and Control

Project Name: High Risk Parents and Caregivers Project


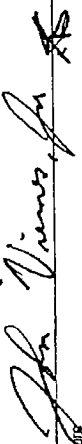
Outcome Target 1		Brief description	Cost
Create an maintain an interdepartmental system of referral and linkage from DCFS to substance use services for parents of children aged 0-5.			
Staff Cost		Staff Analyst, 2 Staff Assistant II, 2 Intermediate Typist Clerk, Accountant II, Accounting Technician I	61,120
Contracted Services		30 Substance Abuse Navigators (SA Navigators) will provide SBIRT services at the CASC. Also, several agencies will provide more than one modality of treatment services	687,500
Direct Cost		Supplies, training, mileage, travel, etc.	180
Evaluation		UCLA Integrated Substance Abuse Programs (ISAP) will be conducting evaluation	30,000
Other Expenses		Administrative Services and Supplies	1,887
Indirect Costs		Administrative Overhead	5,559
TOTAL:			\$786,246

Outcome Target 2		Brief description	Cost
Screen, assess, and refer pregnant women and families with children aged 0-5 years to substance use services in a timely, coordinated manner.			
Staff Cost		Staff Analyst, 2 Staff Assistant II, 2 Intermediate Typist Clerk, Accountant II, Accounting Technician I	325,971
Contracted Services		30 Substance Abuse Navigators (SA Navigators) will provide SBIRT services at the CASC. Also, several agencies will provide more than one modality of treatment services	3,666,666
Direct Cost		Supplies, training, mileage, travel, etc.	960
Evaluation		UCLA Integrated Substance Abuse Programs (ISAP) will be conducting evaluation	160,000
Other Expenses		Administrative Services and Supplies	10,064
Indirect Costs		Administrative Overhead	29,648
TOTAL:			\$4,193,309

# Exhibit D

Outcome Target 3 Improve Family well-being of the target population who receive SA Navigator services		
	Brief description	Cost
Staff Cost	Staff Analyst, 2 Staff Assistant II, 2 Intermediate Typist Clerk, Accountant II, Accounting Technician I	20,373
Contracted Services	30 Substance Abuse Navigators (SA Navigators) will provide SBIRT services at the CASC. Also, several agencies will provide more than one modality of treatment services	229,167
Direct Cost	Supplies, training, mileage, travel, etc	60
Evaluation	UCLA Integrated Substance Abuse Programs (ISAP) will be conducting evaluation	10,000
Other Expenses	Administrative Services and Supplies	629
Indirect Costs	Administrative Overhead	1,853
TOTAL:		\$262,082

Total Cost: \$5,241,637

Fiscal Contact Person

Date

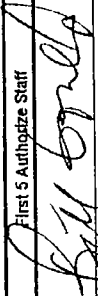


5/24/12

Agency Authorized Signatory

Date

5/24/12

Phone #

First 5 Authorize Staff

Program Officer

Finance


Additional supporting documents may be requested

CONTRACT NO. 68132

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
SUBSTANCE ABUSE PREVENTION AND CONTROL  
FIRST 5 LA  
ACCESS TO SUBSTANCE ABUSE SERVICES FOR HIGH RISK PARENTS AND  
CAREGIVERS PROJECT**

**BUDGET NARRATIVE JUSTIFICATION  
Fiscal Year 2012-13**

**1. Personnel**

These costs are allocated in accordance with a cost allocation plan and are estimated on the attached budget worksheet. The total personnel cost is \$407,464 for the contract year.

**DIRECT SALARIES AND BENEFITS**

Staff:

Project Lead, a Staff Analyst, Health, allocated at 100 percent, will perform the following tasks as necessary: day-to-day oversight of the Access to Substance Abuse Treatment for High Risk Parents and Caregivers (SA Access) Project; develop program policies, standards, and guidelines as required to maintain services; monitoring and providing technical and research information for project activities; represent Substance Abuse Prevention and Control (SAPC) in meetings, trainings, presentations, and negotiations related to SA Access, the primary SAPC representative to the SA Access Steering Committee and other workgroups related to SA Access; review and program monitoring; submit reports and other documents as required; and overall coordination and oversight of the program, data and contract matters.

Administrative Assistant III, allocated at 100 percent, will oversee the processing of contract actions and amendments for various agencies, participate in the implementation of changes resulting from the project, make recommendations to the development of procedures, standards, and guidelines for the project, analyze project funding and contracting information, prepare financial reports and program updates, as needed, and perform specialized duties related to the overall management of the Contract Development and Processing Division.

Staff Assistant II, allocated at 100 percent, will assist the Project Lead in overseeing the project and will perform the following tasks, as necessary: oversee the administrative and clerical functions related to the project; works directly with providers and internal County staff to coordinate the administration of contracts and program services. Duties will include acting as liaison for all parties involved in the project, and monitoring program operations, scheduling SA Access meetings, and providing technical assistance as needed. Preparing financial reports and program updates as required.

2 Senior Typist Clerk, each allocated at 100 percent will provide clerical support for the project. One clerk position will report to the Community Program Services Unit and the other will report to the Contract Processing and Support Services Unit. The level of staff will ensure their ability to work independently and carry out required tasks to support program operations.

Accountant III, allocated at 100 percent, will be responsible for the First 5 LA budget and grant management. This position will monitor funding and the monthly expenditure activities of the First 5 LA grant budget, and appraise management of possible existing problem(s) associated with maximizing the grant funds. This position will also review financial reports, review analysis of contract augmentation, forecast upcoming transactions, reconcile expenditures to payment for accurate financial accountability and reporting, monitor revenue collection, advice and consult with management on issues concerning billing and payments.

Accounting Technician I, allocated at 100 percent, will be responsible for reviewing billings from various First 5 LA providers and processing payment according to the department and county policies.

Benefits:

Benefits will cover medical, dental, and workers compensation. This cost is calculated at 9.95% of the total personnel cost.

## **2. CONTRACTED SERVICES**

The County contracts for all its services; therefore, the County will be contracting with Community Assessment Service Centers (CASC) to provide screening/assessment, brief intervention, and referral to treatment (SBIRT) and with Community-based treatment organizations to provide substance use disorders (SUD) treatment services for the SA Access project.

Eight (8) CASC agencies (see attached for listing of agencies) will employ 30 Substance Abuse Navigators (SA Navigators) to provide SBIRT services at each Department of Children and Family Services (DCFS) Regional Office and Sub-site. A total of \$3,000,000 for the contract year will be allocated for SBIRT services. SA Navigators will coordinate with DCFS staff to quickly identify pregnant women and parents/caregivers of children aged 0-5 years who have SUD related issues, inform them about the potentially harmful effects of substance use and abuse, screen and assess the individual/family for SUD and ancillary service needs, provide brief intervention, when appropriate, and refer to SUD treatment services, as needed. The County currently contracts with CASC agencies to provide assessment and referral services to specific target populations, as well as all Los Angeles County residents.

The County will be contracting with fourteen (14) Community-based organizations to provide the continuum of SA Access treatment and recovery services. The continuum of treatment services provided by the 14 organizations include: 1) Residential services, a 24-hour residential program where recovery services, and/or specialized recovery services are made available to persons who have alcohol and/or drug problems and

program participants are involved in no less than six (6) hours of planned treatment and recovery activities per day; 2) Day Care Habilitative Services (DCH), non-residential programs that provide recovery services to alcohol and/or other drug using individuals with the primary purpose of providing a planned program in a social setting structured to maximize recovery and rehabilitation of clients and participants are involved in at least three (3) hours per day, three (3) times per week; and 3) Outpatient Drug Free Counseling Services (ODF), alcohol and drug treatment and recovery services which are provided in a drug-free, non-drinking environment, that are directed towards alleviating and/or preventing alcohol and drug problems among individuals, or participants, including, but not limited to, homeless persons, pregnant and parenting women and their children, families, specific population groups, or the general community, all of which do not require residency at a provider's facility as part of the treatment and recovery process.

Several agencies will provide more than one modality of treatment services. Residential services will be provided by His Sheltering Arms, Inc., Mid-Valley Recovery Services, Inc., Prototypes, Southern California Alcohol and Drug Programs (SCADP), Inc., and Watts Healthcare Corporation. DCH services will be provided by Asian American Drug Abuse Program, El Proyecto Del Barrio, Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, MELA Counseling Services Center, Inc., National Council on Alcoholism and Drug Dependence (NCADD) – Long Beach, Plaza Community Center, Prototypes, SHIELDS for Families, Inc., Tarzana Treatment Center, and URDC Human Services Corporation. ODF Services will be provided by El Proyecto Del Barrio, MELA Counseling Services Center, NCADD – Long Beach, Plaza Community Center, Prototypes, SCADP, and Tarzana Treatment Center. A total of \$4,583,333 for the contract year will be allocated for treatment and recovery services.

### **3. Equipment**

Approximately \$5,664 will be used for office furniture and computers (and required software) for seven staff assigned to the project. These costs are included in section 12, Other Expenses.

### **4. Printing/Copying**

Approximately \$1,115 for printing and copying project related flyers, pamphlets, and contract documents. These costs are included in section 12, Other Expenses.

### **5. Space**

A total of \$34,786 is used to partially allocate the cost of leasing office space and parking for seven staff assigned to this project. These costs are included in section 13, Indirect Cost.

### **6. Telephone**

Approximately \$1,720.00 will be allocated for the cost of telephone services, including outgoing calls and voicemail service. These costs are included in section 13, Indirect Cost

## **7. Postage**

Approximately \$410 will be used for mailing out informational flyers to collaborating partners and required documents to First 5 LA. These costs are included in section 12, Other Expenses.

## **8. Supplies**

Approximately \$743 will be used for office supplies (paper, pens, staplers, notebooks, etc.) These costs are included in section 12, Other Expenses

## **9. Employee Mileage and Travel**

Mileage cost of \$1,200, at \$0.52 per mile, will be used for employees to attend meetings, training sessions, and conferences related to the project. Travel costs related to training and conferences will be approximately \$3,030; this cost is included in section 12, Other Expenses.

## **10. Training Expenses**

Approximately \$1,618.00 will be used for training related expenses, including registration fees for employees to attend project related training sessions and conferences and consultant fees to provide technical assistance to staff. These costs are included in section 12, Other Expenses

## **11. Evaluation**

The expected outcomes from this project include demonstrating that early identification and a streamlined interdepartmental referral system to screening, assessment, brief intervention, and referral to treatment services can result in positive outcomes related to SUD treatment engagement and retention as well as family maintenance and reunification. To document the process, capture, and quantify any significant outcomes and/or impact to the target population, the project includes a process evaluation by the University of California Los Angeles. A total of \$200,000 for the contract year will be allocated for evaluation services.

## **12. Other Expenses**

Administrative Services and Supplies cost of \$12,580 is used to partially allocate the cost for equipment, training, printing and copying documents, document shredding, postage, and supplies.

## **13. Indirect Cost**

Indirect cost of \$37,060 is used to partially allocate the cost for office space, parking, and telephone, and other administrative fees.

### **Matching Funds**

Substance Abuse Prevention and Control will contribute a total of \$26,981 of matching funds, funded with Substance Abuse Prevention and Treatment Block Grant.

Attachment 4

County of Los Angeles Department of Public Health, Reducing  
Early Childhood Obesity in Los Angeles County

- A. Multi-Year Scope of Services
- B. Projected Multi-Year Budget
- C. FY 12-13 Scope of Work, July 1, 2012 – June 30, 2013
- D. FY 12-13 Budget, July 1, 2012-June 30, 2013
- E. FY 12-13 Budget Narrative



**Multi-Year Scope of Services  
County of Los Angeles Department of Public Health  
July 1, 2012 – June 30, 2016**

**PROJECT: Reducing Early Childhood Obesity in Los Angeles County**

**BACKGROUND:** Reducing Early Childhood Obesity in Los Angeles County is a product of two, four-year First 5 LA projects (Improve Nutrition and Reduce the Obesity Epidemic in Los Angeles County in the amount of \$35M and Improve the Nutrition and Physical Activity Environment in Licensed and License-exempt Childcare Settings in the amount of \$6,197,400) that were merged to reduce the prevalence of overweight and obesity among young children throughout Los Angeles County. These two projects were approved to be combined by the First 5 LA's Board of Commissioners at the July 14, 2011 Commission Meeting. The new project increased First 5 LA's total approved allocation to \$41,197,400.

This project will be executed through collaboration between the Division of Chronic Disease and Injury Prevention (DCDIP) and Maternal, Child and Adolescent Health Programs (MCAH) of the County of Los Angeles Department of Public Health. The three major interventions of the project, to be implemented countywide in collaboration with a broad range of county and community partners, are: 1) an intensive community-based public education and skills-building campaign by DCDIP to increase communities' capacities to promote healthy eating and active living practices; 2) the expansion of several child care pilot projects by MCAH including First 5 LA's Sesame Street Healthy Habits for Life pilot with license exempt providers, RENEW LA County's LAUP Project, and MCAH's study to improve nutrition and physical activity policies and practices in SPA 6 child care providers; and 3) the provision of nutrition and physical activity resources through individual and organizational support to postpartum women by MCAH because women are the first teachers and examples for their children. The project also includes establishing a county-wide Steering Committee comprised of key

stakeholders, including First 5 LA Program staff, to guide the direction of project activities and implementation.

**FIRST 5 LA PRIORITY GOAL:** The proposed program aims to address First 5 LA's FY 2009-2015 Strategic Plan's *Priority Goal: Children Maintain a Healthy Weight* by implementing a highly impactful community-based public education, skills-building and environmental change project to promote physical activity and healthy eating among the nearly one million Los Angeles County children ages 0-5 and their families.

**SCOPE OF SERVICES:** The general scope of services to be provided by the County of Los Angeles Department of Public Health over the next 4 years beginning July 1, 2012 will focus on meeting the following objectives:

1. Provide nutrition and physical activity education and resources to families with children ages 0-5 in at least 20 cities and/or unincorporated communities with childhood obesity rates above the county average through partnerships with the Department of Children and Family Services, other county departments and public agencies, and community and faith-based organizations;
2. Develop local strategies to reduce food marketing to young children and implement at least one of the recommended strategies countywide or in sub-county regions with childhood obesity rates above the county average;
3. Provide nutrition education and skills-building learning opportunities to parents and other care providers of children ages 0-5 in 40 grocery stores and/or markets in at least 20 cities and/or unincorporated communities with childhood obesity rates above the county average;
4. Implement at least three countywide media and targeted social marketing campaigns aimed at families and caregivers of children ages 0-5 that include tailored and culturally appropriate messages that promote specific nutrition and physical activity-related behaviors (e.g., increased fruit and vegetable consumption, reduced sugary beverage consumption, and reduced screen time) among children ages 0-5;

5. Outreach and extend support to at least 100 restaurants serving families with young children including restaurants located in at least 20 cities or unincorporated communities with childhood obesity rates above the County average to promote menu changes that expand healthy children's menu options and/or reduce portion sizes;
6. Implement obesity prevention protocols for children ages 0-5 that include routine body mass index measurement and tracking, nutrition and physical activity education, and more intensive case management for overweight, obese, or other children at risk of becoming overweight or obese in at least 30 public and/or community clinics in the County;
7. Implement protocols to improve nutrition and increase opportunities for physical activity in at least 4,500 licensed and 3,600 license-exempt child care providers in the County; and
8. Develop and implement a weight management toolkit for postpartum women that will be promoted through various online and in-person channels, including a website and social media outlets, and group classes and provide 80 toolkit trainings to community-based organizations and agencies that directly serve postpartum women.

**TARGETED OUTCOMES:** The general scope of services to be provided by the County of Los Angeles Department of Public Health in implementing this project over 4 years beginning July 1, 2012 will focus on meeting the following outcomes:

1. Knowledge and awareness of the benefits of healthier eating and physical activity is increased among parents and other caretakers of children 0-5.
2. At least one policy is passed to reduce unhealthy food promotion to children aged 0-5 years and their families in targeted cities and/or the unincorporated areas of the County.
3. New or improved institutional guidelines, policies, and protocols, including assessment and tracking of BMI and providing anticipatory guidance in targeted healthcare clinics serving children 0-5 are established to support healthier eating and promote physical activity.
4. The nutritional quality of children's meals are improved and/or portion sizes are reduced among targeted restaurants in cities and/or the unincorporated areas of Los Angeles County with the highest prevalence of overweight/obese young children through the establishment of partnerships.

5. The nutritional quality of meals is improved and opportunities for physical activity are increased in child care settings.
6. The range and utilization of resources for women to manage stress and maintain healthy weight postpartum are increased.

Specific client and service targets will be established annually through submission of the annual scope of work and budget. By the beginning of the second year of the agreement, First 5 LA and DPH will develop a performance-based agreement that defines outcomes to be achieved and annual performance and process measures that will be used to track progress against these targets.

## Projected Budget Form (All Years Combined)

Applicant Name: Summary  
Project Name: First 5 Childhood Obesity Prevention Project

Cost Category	12 Months					TOTALS (all years combined)		
	Budget FY 2012- 2013	Budget FY 2013 - 2014	Budget FY 2014 - 2015	Budget FY 2015 - 2016	Budget FY 2016 - 2017	Total First 5 LA Requested Funds	Match	Total Allocated
(1) Personnel	989,146	1,688,142	1,690,371	1,613,780	-	5,961,439	1,024,604	6,986,043
(2) Contracted Svcs (Excluding Evaluation)	2,348,943	10,457,270	10,207,973	9,420,995	-	32,435,180		32,435,180
(3) Equipment	140,450	2,945	1,500	1,500	-	146,395		146,395
(4) Printing/Copying	33,408	199,440	26,400	21,844	-	281,092		281,092
(5) Space	157,516	185,300	185,300	182,123	-	710,239		710,239
(6) Telephone	15,000	15,000	15,000	15,000	-	60,000		60,000
(7) Postage	-	1,000	1,000	1,000	-	3,000		3,000
(8) Supplies	36,925	78,200	75,200	41,975	-	232,300		232,300
(9) Employee Mileage and Travel	6,406	28,000	32,000	30,500	-	96,906		96,906
(10) Training Expenses	33,000	66,348	68,348	55,348	-	223,044		223,044
(11) Evaluation	100,050	110,001	160,000	180,000	-	550,051		550,051
(12) Other Expenses (Excluding Evaluation)	-	100,000	-	-	-	100,000		100,000
(13) *Indirect Costs	65,998	111,300	112,783	107,674	-	397,754		397,754
<b>GRAND TOTAL:</b>	<b>3,926,842</b>	<b>13,022,945.95</b>	<b>12,575,874.54</b>	<b>11,671,737.98</b>		<b>41,197,400.00</b>	<b>1,024,604.00</b>	<b>42,222,004</b>

# SCOPE OF WORK

## Reducing Early Childhood Obesity in Los Angeles County

Contract Number: Contract Period: Year 1 (07/01/2012- 06/30/2013)

Agency Name: Los Angeles County Department of Public Health Revision Date:

Project Name: Reducing Early Childhood Obesity (Office Use Only)

Project Length: 4 years (07/01/2012- 06/30/2016) Report Period:

Submission Date:

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>1. By June 30, 2013, complete all administrative functions required for implementation of the four-year Childhood Obesity Prevention Project (including the execution of 2 sole-source contracts, development of community RFP and hiring 90% of staff).</p> <p>(For progress report only)  <u>Objective Status:</u>  <input type="checkbox"/> IN-PROCESS  <input type="checkbox"/> COMPLETE  <input type="checkbox"/> DELAYED</p>	<p>1. Hire 36 staff to implement Project.</p> <p>a. Develop duty statements for each position.  b. Establish contract with temporary personnel service agency.  c. Allocate County items and open exams/lists.  d. Post position announcements.  e. Interview and hire qualified candidates.</p>	<p>Project Director  (Community Settings, ROCCS, MOMs)</p>	<p>7/1/12-1/1/13</p>	<p>1a. Duty Statements finalized - Due 8/31/12  1b. Contract with temporary personnel service agency executed and on file- Due 10/31/12  1c. County items and open exams/ lists allocated- Due 9/30/12  1d. Position announcements posted- Due 11/30/12  1e. Staff hired- Due 1/1/13</p>
	<p>2. Train and orient staff</p> <p>a. Review program, fiscal and administrative procedures for County and First 5 agencies.  b. Review evidence-based library, resources and strategic partners involved in 0-5 health promotion efforts.  c. Schedule staff for training as appropriate.  d. Review and acknowledge duty statements and work responsibilities.</p>	<p>Project Director  (Community Settings, ROCCS, MOMs)</p>	<p>1/1/13- 4/30/13</p>	<p>2. a, b, c. Training agendas and schedules- Due 3/31/13  2d. Signed duty statements-Due 4/30/13  2e. Evaluations on file - Due 4/30/13</p>

**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

<b>Objectives</b>	<b>Activities and Subtasks</b>	<b>Staff Assignment</b>	<b>Timeline</b>	<b>Deliverables</b>
	e. Complete 30 and 90 day performance evaluations.			
	3. Execute all subcontracts required to support the completion of Project objectives. a. Identify and establish sole source contracts for Change Lab Solutions (formerly known as Public Health Law and Policy) and the Child Care Resource Center. b. Develop scopes of work and budgets. c. Execute contracts.	Project Director, Project Manager, Chief of Operations (Community Settings, ROCCS, MOMs)	7/1/12-12/31/12	3a. List of contracts on file- Due 8/31/12 3b. Scopes of work and budgets written- Due 12/31/12 3c. Copies of executed contracts on file- Due 12/31/12
	4. Develop competitive Request for Proposals (RFP) to support achievement of scope of work activities. RFP's required to contract with community and promotora agencies, media/PR firm. a. Write RFP. b. Release RFP by end of Year 1.	Project Director, Project Manager, Chief of Operations (Community Settings, ROCCS, MOMs)	7/1/12-6/30/13	4a. RFP released- Due 6/30/13 4b. E-mail announcement and webpage with link to RFP- Due 6/30/13
	5. Provide all requested programmatic reports, fiscal documentation and invoices on or before required deadlines as per First 5 LA operating procedures. a. Design and refine systems and procedures for gathering necessary information to meet reporting requirements, including, but not limited to: i. Scope of work progress reporting. ii. Fiscal expenditure reporting.	Project Director, All initiative staff (Community Settings, ROCCS, MOMs)	7/1/12-12/31/12	5ai. Design system for program reporting- Due 12/31/12 5aii. Design system for fiscal reporting- Due 12/31/12
	6. Schedule at least 5 staff meetings in Year 1 to include all County program, fiscal and administrative team members. a. Convene monthly meetings. Standard agenda items may include partnership opportunities (internal and external), media scans, and opportunities and obstacles to meeting grant requirements.	Project Director, All initiative staff (Community Settings, ROCCS, MOMs)	7/1/12-6/30/13	6ai. Calendar for meeting times/locations- Due 7/31/12 6aii. Agendas and meeting minutes on file- Due 6/30/13

**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
	<ul style="list-style-type: none"> <li>i. Determine consistent meeting times and locations.</li> <li>ii. Determine meeting agenda and staff roles.</li> </ul>			
	<ul style="list-style-type: none"> <li>7. Communicate grant progress to First 5 LA staff               <ul style="list-style-type: none"> <li>a. Provide monthly electronic updates to First 5 LA Program and Administrative staff regarding Project activities. Updates may include: progress on achieving scope of work requirements, challenges, technical assistance needs, media/ communications efforts, and opportunities within and among First 5, other County agencies, programs, and partners.</li> <li>b. Conduct at least 4 in person or teleconference meetings with First 5 LA staff to review contract deliverables and refine SOW for Year 2 of the project.</li> </ul> </li> </ul>	Project Director, Project Leads  (Community Settings, ROCCS, MOMs)	7/1/12-6/30/13	7a. Monthly reporting schedule for updates-Due 7/31/12 7ai. Twelve/monthly updates sent to First 5-Due 6/30/13 7b. Meeting agendas and summaries kept on file-Due 6/30/13



## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>2. By June 30, 2013, develop an evaluation plan to assess effectiveness of the Childhood Obesity Prevention Project activities.</p> <p>(For progress report only)  <b>Objective Status:</b>  <input type="checkbox"/> IN-PROCESS  <input type="checkbox"/> COMPLETE  <input type="checkbox"/> DELAYED</p>	<p>1. Work in collaboration with First 5 LA's Research and Evaluation staff and develop Project evaluation plan. The plan will include evaluation for entire Project and for specific program areas.</p> <p>a. Work with First 5 LA's Research &amp; Evaluation staff to prioritize performance expectations and define Project benchmarks and indicators for success.</p> <p>b. Create a Project evaluation plan:</p> <p>i. Hire evaluation consultants.</p> <p>ii. Identify evaluation goals, process and priority outcome objectives, and performance measures.</p> <p>iii. Determine how data will be collected, managed and analyzed.</p> <p>iv. Create a timeline for data collection.</p> <p>v. Develop evaluation tools.</p> <p>2. Obtain approval from Department of Public Health Institutional Review Board in all Project areas.</p> <p>a. Submit IRB exemption request for key informant interviews and focus group activities (Objectives: 4, 6, 7, 8, 9, 10, 11 and 12).</p> <p>i. Submit approval to First 5 when exemption received.</p> <p>b. Complete and submit IRB application for LA MOMs project</p> <p>c. Receive IRB approval.</p>	<p>Project Director, Research Analyst, Data Manager, Evaluation consultant, Funded Partners, First 5 LA Program Department Staff  (Community Settings, ROCCS, MOMs)</p>	<p>7/1/12– 6/30/13</p>	<p>1a. Meeting Notes on file- Due 6/30/13  1bi. Evaluation Consultant hired- Due 10/31/12  1bii. Evaluation goals, objectives and performance measures- Due 11/30/12  1biii. Evaluation Plan for data collection, management and analysis- Due 1/31/13  1biv. Data collection timeline- Due 1/31/13  1bv. Evaluation tools- Due 1/31/13</p>
		<p>Project Director, Research Assistant, Data Manager, First 5 R&amp;E Staff (Community Settings, MOMs)</p>	<p>7/1/12- 6/30/13</p>	<p>2a. IRB exemption submitted- Due 7/31/12  2ai. Notify First 5 LA of IRB exemption approval- Due 9/30/12.  2b. IRB application submitted- Due 8/31/12  2c. IRB approval- Due 6/30/13</p>

## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>3. By June 30, 2013, establish a Steering Committee of at least 15 health and wellness experts and/or advocates, along with at least 3 working subcommittees, to provide guidance on Childhood Obesity Prevention Project.</p> <p>(For progress report only)  <b>Objective Status:</b>  <input type="checkbox"/> IN-PROCESS  <input type="checkbox"/> COMPLETE  <input type="checkbox"/> DELAYED</p>	<p>1. Conduct Key Thought Leaders Meeting</p> <p>a. Convene a meeting of local, regional and state leaders in early childhood obesity prevention to solicit feedback and input on project goals and objectives.</p> <p>b. Solicit membership to Steering Committee</p>	<p>Project Director, Project Manager</p> <p>(Community Settings, ROCCS, MOMs)</p>	<p>7/1/12-8/31/12</p>	<p>1ai. Copy of agenda on file- Due 8/31/12</p> <p>1aii. Copies of e-mails sent to funded partners, community members, etc. on file- Due 8/31/12</p>
	<p>2. Form and maintain a Steering Committee comprised of child health and wellness experts and/or advocates to provide input on Project.</p> <p>a. Convene a steering committee of stakeholders, including First 5 LA, to provide guidance and inform the initiative objectives and activities.</p> <p>i. Identify key stakeholders.</p> <p>ii. Define role of Steering Committee members</p> <p>iii. Create goals and objectives for the Steering Committee.</p>	<p>Project Director, Project Manager</p> <p>(Community Settings, ROCCS, MOMs)</p>	<p>9/1/12 – 10/31/12</p>	<p>2ai. List of key stakeholders- Due 9/30/12</p> <p>2aiii. Steering Committee roles, goals and objectives- Due 9/30/12</p>

**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
	<p>3. Convene first Steering Committee. (After Year 1, Steering Committee will meet bi-annually)</p> <p>a. Provide coordination for logistics and promotion of <u>one</u> Steering Committee meeting and/or teleconference.</p> <p>b. Provide regular project/progress updates and support for Steering Committee meetings:</p> <p>i. Track progress of meeting goals and objectives.</p> <p>ii. Maintain communication by e-mail or phone between meetings.</p>	<p>Project Director, Project Manager</p> <p>(Community Settings, ROCCS, MOMs)</p>	<p>10/1/12-12/31/12</p>	<p>3a. Meeting notes on file- Due 12/31/12</p> <p>3b Examples of communications- Due 12/31/12</p>
	<p>4. Develop Steering Committee subgroups which may include subcommittees, such as: childcare settings, interconception care, media campaigns, and grocery stores/restaurants; based on committee recommendations and requirements of projects.</p> <p>a. Create subgroups that support deeper collaboration, communication and coordination within specific initiative topic areas.</p> <p>b. Convene quarterly meetings (Subcommittees will meet 2 times in Year 1)</p> <p>c. Track progress of meeting goals and objectives.</p> <p>d. Maintain communication by e-mail or phone between meetings.</p>	<p>Project Director, Project Manager</p> <p>(Community Settings, ROCCS, MOMs)</p>	<p>11/1/12-6/30/13</p>	<p>4b. Meeting notes on file- Due 6/30/13</p> <p>4c. Meeting notes on file- Due 6/30/13</p> <p>4d. Examples of communications- Due 6/30/13</p> <p>4e. Quarterly Summary of Steering Committee notes provided in progress reports to First 5- ongoing</p>

**Exhibit C**

**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

<b>Objectives</b>	<b>Activities and Subtasks</b>	<b>Staff Assignment</b>	<b>Timeline</b>	<b>Deliverables</b>
<p>4. By June 30, 2013, develop communication infrastructure (including email Listserv and database, and e-newsletter) and regional training plans to ensure Project accomplishments, resources and best practices are disseminated to internal and external partners on a regular basis through various channels.</p> <p>(For progress report only) <b>Objective Status:</b>  <input type="checkbox"/> IN-PROCESS  <input type="checkbox"/> COMPLETE  <input type="checkbox"/> DELAYED </p>	<p>1. Develop and maintain a listserv of agencies that will be used for virtual networking and information sharing among community-based organizations and other key partners.</p> <p>a. Compile list of current and past DPH partners (from RENEW), including community based organizations and other key partners.</p> <p>b. Incorporate contacts and listservs of partners where appropriate.</p> <p>c. Designate staff member to maintain listserv.</p>	<p>Communications Manager, Project Manager  (Community Settings, ROCCS, MOMs)</p>	<p>7/1/12-6/30/13</p>	<p>1a. Compile listserv database -Due 6/30/13 1b. Updated as needed-Ongoing 1c. Maintain listserv- Due 6/30/13</p>
	<p>2. DPH team will work with First 5 LA staff across departments in order to integrate First 5 LA messages and programs that have similar nutrition and physical activity objectives/outcomes.</p> <p>a. Review First 5 LA's existing programs and resources to promote healthy eating and PA among the 0-5 population and their families.</p> <p>b. Develop plan to integrate First 5LA's messages, programs, and resources into Project areas.</p>	<p>Project Director  (Community Settings, ROCCS, MOMs)</p>	<p>7/1/12- 6/30/13</p>	<p>2a. List of relevant programs- Due 6/30/13 2b. Examples of messages, resources, and efforts have been integrated into initiative- Due 6/30/13</p>
	<p>3. Work with First 5 LA to provide content for existing First 5 LA e-newsletter to partners regarding nutrition, physical activity promotion, and other issues that affect children 0-5 and their families.</p> <p>a. Assess existing obesity prevention</p>	<p>Communications Manager, Project Manager  (Community Settings, ROCCS, MOMs)</p>	<p>7/1/12-6/30/13</p>	<p>3a. Summary of existing obesity prevention communications – Due 12/31/12 3b. Work plan – Due 6/30/13 3c. Integrated listserv – Due 6/30/13 3d. E-newsletter content provided to</p>

## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
	<p>communications disseminated by First 5 LA and other state and local community partners.</p> <p>b. Work with First 5 LA to develop a plan that includes the type of content and timeline for providing e-newsletter content.</p> <p>c. Integrate existing DPH listserv with First 5 LA's listserv.</p> <p>d. Draft, review, and disseminate content to be included in First 5 LA's e-newsletter</p>			First 5 LA – Due 6/30/13
	<p>4. Work with First 5 LA to assess regional training needs and desires of funded partners and local stakeholders.</p> <p>a. Assess existing training opportunities.</p> <p>b. Conduct key informant interviews.</p> <p>c. Conduct at least 2 focus groups on the training needs and desires of local partners.</p> <p>d. Develop a training plan that complements existing training opportunities and incorporates feedback from local partners.</p>	Project Manager, Program Analyst, Research Analyst, First 5 R&E Staff (Community Settings, ROCCS, MOMs)	1/1/13-6/30/13	<p>4a. List of existing training opportunities- Due 6/30/13</p> <p>4b. Key informant interviews conducted- Due 6/30/13</p> <p>4c. Focus groups- Due 6/30/13</p> <p>4d. Training plan – Due 6/30/13</p>
	<p>5. Convene <u>one</u> sharing forum for funded partners and agencies.</p> <p>a. Partners will share effective strategies, successes and resources to learn from one another. Trainings should meet identified regional needs from activity above.</p> <p>i. Recruit appropriate speakers and coordinate logistics.</p> <p>ii. Market event.</p> <p>iii. Develop evaluation for each event.</p>	Project Manager, Program Analyst (Community Settings, ROCCS, MOMs)	1/1/13-6/30/13	<p>5ai. Copies of agenda on file- Due 6/30/13</p> <p>5aii. Copies of e-mails sent to funded partners, community members, etc. on file- Due 6/30/13</p> <p>5aiii. Summary of evaluation results on file- Due 6/30/13</p>

## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
5. By June 30, 2013 develop a coordinated outreach plan with the Los Angeles County Department of Children and Family Services to engage foster care children ages 0-5.	<ol style="list-style-type: none"> <li>Assess existing obesity prevention and parent/caregiver training efforts conducted by DCFS. <ol style="list-style-type: none"> <li>Assess current outreach and communication efforts with parents/caregivers</li> </ol> </li> <li>Work with DCFS to develop an outreach plan to engage families and caregivers in Childhood Obesity Prevention Project programming.</li> </ol>	Project Manager, Program Analyst  (Community Settings, ROCCS, MOMs)	1/1/13-6/30/13	<ol style="list-style-type: none"> <li>Meeting Notes- Due 6/30/13</li> <li>Outreach plan goals, objectives and performance measures- Due 6/30/13</li> <li>Signed MOU between DCFS and DPH for First 5 project-Due 6/30/13</li> </ol>

## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>6. By June 30, 2013, Develop a research-based nutrition and physical activity resource kit and disseminate to <u>eight</u> community agencies selected through a competitive bid process.</p> <p>(For progress report only)</p> <p><b>Objective Status:</b></p> <p><input type="checkbox"/> IN-PROCESS</p> <p><input type="checkbox"/> COMPLETE</p> <p><input type="checkbox"/> DELAYED</p>	<p>1. Identify current nutrition and physical activity promotion practices and resources available to community agencies and county departments and build upon current DPH efforts</p> <p>a. Identify best practices through literature review.</p> <p>b. Conduct key informant interviews.</p> <p>c. Conduct environmental scan of community agencies and county departments offering assistance to parents with children ages 0-5.</p> <p>d. Conduct at least 4 focus groups on parent education/training needs.</p>	<p>Program Analysts, Research Analyst, Translation Services (Community Settings)</p>	<p>1/1/13- 6/30/13</p>	<p>1a-d. Findings summarized in report- Due 6/30/13</p>
	<p>2. Develop and maintain relationships with community agencies and county departments that provide services to parents with children ages 0-5.</p> <p>a. Develop and maintain contact and develop relationships with community agencies and county departments and agencies that meet criteria.</p> <p>b. Develop communication plan to provide electronic updates on initiative progress, emerging research, new resources and best practices. Update annually.</p>	<p>Program Analysts, Communications Manager (Community Settings)</p>	<p>1/1/13- 6/30/13</p>	<p>2. Meeting agendas and notes on file- Due 6/30/13</p> <p>2a. List of agencies with contact information and brief description of services kept on file and updated annually- Due 6/30/13</p> <p>2b. Plan and communication samples on file- Due 6/30/13</p>

**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
	<p>3. Develop education/resource toolkit(s) to provide community agencies and county departments.</p> <p>a. Identify education curriculum and resources from assessment.</p> <p>b. Adapt and revise education curriculum and resources to be linguistically and culturally appropriate.</p> <p>c. Conduct formative evaluation with community agencies, county departments and parents on key components of curriculum and resources to test messages.</p> <p>d. Revise toolkit based on formative evaluation results</p> <p>e. Develop outreach plans with agencies and departments based on community assets, existing resources and needs.</p>	<p>Program Analysts, Translation Services (Community Settings)</p>	<p>1/1/13- 6/30/13</p>	<p>3a. Curriculum identified 6/30/13</p> <p>3b. Develop toolkits and adapt to appropriate languages and cultures- Due 6/30/13</p> <p>3c. Summary of field test results on file-- Due 6/30/13</p> <p>3d. Revised toolkit- Due 6/30/13</p> <p>3e. Outreach plans on file and updates annually- 6/30/13</p>



## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>7. By June 30, 2013, produce a report on options to reduce the marketing of unhealthy foods and beverages to children ages 0-5 in LA County, including marketing by grocery stores and restaurants.</p> <p>(For progress report only)</p> <p><b>Objective Status:</b></p> <p><input type="checkbox"/> IN-PROCESS</p> <p><input type="checkbox"/> COMPLETE</p> <p><input type="checkbox"/> DELAYED</p>	<p>1. Assess the marketing of unhealthy foods and beverages to children in LA County.</p> <p>a. Conduct a literature review of major scientific and policy publications on the marketing of unhealthy foods and beverages to children.</p> <p>b. Gather information on the marketing of unhealthy foods and beverages to children through various media channels in LA County, including outdoor and in-store advertising, and the sugar-sweetened beverage focus group results from RENEW</p> <p>c. Conduct environmental scan of marketing of unhealthy foods and beverages around schools and areas where children gather.</p> <p>d. Develop a summary report detailing assessment findings.</p>	<p>Policy Analyst, Evaluation Staff</p> <p>(Community Settings)</p>	<p>1/1/13 – 6/30/13</p>	<p>1a. Literature review list – Due 1/31/13</p> <p>1b. Information gathered on marketing of unhealthy foods and beverages- Due 6/30/13</p> <p>1c. Environmental scan of marketing of unhealthy foods and beverages- Due 6/30/13</p> <p>1d. Report produced- Due 6/30/13</p>
	<p>2. Produce a report on options to reduce the marketing of unhealthy foods and beverages to 0-5 children in LA County that identifies actionable steps, both voluntary and regulatory, to reduce the burden of marketing by the food and beverage industry on vulnerable populations.</p> <p>a. Identify and establish contract with consultant to produce the report.</p> <p>b. Determine priority areas to be addressed by report.</p> <p>c. Create a detailed outline of the contents of the report that will identify options to reduce the marketing of unhealthy foods and beverages to children.</p>	<p>Policy Analyst, Legal Policy Analyst, ChangeLab Solutions</p> <p>(Community Settings)</p>	<p>1/1/13 – 6/30/13</p>	<p>2a. Contract established – Due 1/31/13</p> <p>2b. Priority areas assessed– Due 6/30/13</p> <p>2b. Outline for report- Due 6/30/13</p>

## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>8. By June 30, 2013, develop curriculum and resources to conduct grocery store tours and food demonstrations targeting parents with children ages 0-5.</p> <p>(For progress report only)</p> <p><b>Objective Status:</b></p> <p><input type="checkbox"/> IN-PROCESS</p> <p><input type="checkbox"/> COMPLETE</p> <p><input type="checkbox"/> DELAYED</p>	<p>1. Identify best practices and determine appropriate resources available to conduct store tours and cooking demonstrations.</p> <p>a. Identify best practices through literature review.</p> <p>b. Conduct key informant interviews.</p> <p>c. Conduct environmental scan of current local grocery store nutrition education efforts and programs.</p> <p>d. Conduct at least 4 focus groups on parent education/training needs</p>	<p>Program Analysts, Research Analysts (Community Settings)</p>	<p>1/1/13-6/30/13</p>	<p>1a-d Findings summarized in report- Due 6/30/13</p>
	<p>2. Develop and revise existing grocery store nutrition education curriculum.</p> <p>a. Adapt Network for a Healthy California Grocery Store Curriculum (a DPH grant program.)</p> <p>b. Adapt and revise nutrition education curriculum to be linguistically and culturally appropriate.</p>	<p>Program Analysts, Translation Services (Community Settings)</p>	<p>1/1/13-6/30/13</p>	<p>2. Curriculum developed- Due 6/30/13</p> <p>2a.-b. Adapted curriculum that incorporates language and cultural diversity- Due 6/30/13</p>
	<p>3. Develop recruitment guidelines for community partners to provide grocery store tours and cooking demonstrations in markets.</p>	<p>Program Analysts (Community Settings)</p>	<p>1/1/13 – 6/30/13</p>	<p>3a. Grocery store Guidelines – 6/30/13</p>

**Exhibit C**

**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>9. By June 30, 2013, develop a voluntary public recognition program to encourage restaurants to adopt and promote healthful menu items, including smaller portions and healthier default options on children's menus.</p> <p>(For progress report only) <b>Objective Status:</b>  <input type="checkbox"/> IN-PROCESS  <input type="checkbox"/> COMPLETE  <input type="checkbox"/> DELAYED</p>	<p>1. Identify current public recognition programs and promotion of healthy menu options and identify current practices promoting healthy menu options in LA County.</p> <p>a. Conduct a literature review and assess relevant programs.</p> <p>b. Conduct key informant interviews.</p> <p>c. Conduct environmental scan of local restaurant efforts to promote healthier menu items (including DPH RENEW procurement work on menu changes). Select a representative sample of large chain, small chain, and independent restaurants to be assessed in the scan.</p>	<p>Legal Policy Analyst (Community Settings)</p>	<p>7/1/12 – 6/30/13</p>	<p>1a-b. Summary of best practices, literature review and key informant interviews – Due 10/31/12</p> <p>1c. List of restaurants and assessment of local efforts – Due 10/31/12</p>
	<p>2. Develop nutrition criteria for determining healthy menu options.</p> <p>a. Identify best practices in defining healthy menu items through literature search.</p> <p>b. Convene stakeholder groups with nutrition experts and restaurant owners.</p> <p>c. Develop nutrition criteria</p>	<p>Food Industry Liaison, Legal Policy Analyst (Community Settings)</p>	<p>1/1/13– 6/30/13</p>	<p>2a. Summary of literature review– Due 10/31/13</p> <p>2b. Summary of stakeholder meetings - Due 3/30/13</p> <p>2c. Criteria completed- Due 3/30/13</p>
	<p>3. Design components of voluntary public recognition program for LA County.</p> <p>a. Identify process for administering the program, include interagency County collaboration.</p> <p>b. Include nutrition criteria developed in Activity 9.2</p> <p>c. Identify incentives, resources, and promotional tools to be included in toolkits for restaurants.</p>	<p>Food Industry Liaison, Legal Policy Analyst (Community Settings)</p>	<p>1/1/13 – 6/30/13</p>	<p>3a. Summary of processes– Due 4/1/13</p> <p>3c. List of incentives, resources, and promotional tools – Due 4/1/13</p> <p>3d. Summary of marketing and training plans– Due 6/30/13</p>

## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
	d. Develop marketing and training plans.			
Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>10. By June 30, 2013, pilot a practice-based approach/protocol and physician outreach program to improve monitoring of weight status in children and case management of obese patients in <u>three</u> healthcare providers. The protocol may include anticipatory guidance on improving nutrition, promoting physical activity, and reducing screen time at routine office visits.</p> <p>Note: Healthcare providers may include community clinics, hospital-based clinics, County of Los Angeles health services and other ambulatory care groups, multi-specialty group practices and/or individual physicians.</p> <p>(For progress report only)</p> <p>Objective Status:  <input type="checkbox"/> IN-PROCESS  <input type="checkbox"/> COMPLETE</p>	<p>1. Identify best practices and determine appropriate resources available to community clinics, physicians and their staffs.</p> <p>a. Identify best practices through literature review.</p> <p>b. Determine existing clinical assessment, monitoring and tracking procedures.</p> <p>c. Determine existing counseling efforts and resources.</p> <p>d. Conduct key informant interviews with administrators, physicians, clinic staff, and parents of young children.</p>	<p>Healthcare Liaison, Research Analyst (Community Settings)</p>	<p>10/1/12- 12/31/12</p>	<p>1a-d. Findings summarized in report- Due 12/31/12</p>

## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<input type="checkbox"/> DELAYED				
	<p>2. Source and/or develop education materials and resources to provide anticipatory guidance.</p> <p>a. Identify education curriculum and resources from literature review.</p> <p>b. Adapt and revise education curriculum and resources to be linguistically and culturally appropriate.</p> <p>c. Conduct formative evaluation with healthcare providers and parents to test materials and resources.</p> <p>d. Revise materials and resources based on formative evaluation results.</p>	Healthcare Liaison (Community Settings)	1/1/13- 3/31/13	<p>2a. Curriculum identified 1/31/13</p> <p>2b. Develop toolkits and adapt to appropriate languages and cultures- Due 3/31/13</p> <p>2c. Summary of field test results on file- Due 3/31/13</p> <p>2d. Revised toolkit - Due 3/31/13</p>
	<p>3. Identify <b>3 healthcare providers</b> to pilot an improved childhood obesity case management protocol.</p> <p>a. Identify healthcare providers and secure MOUs.</p> <p>b. Develop protocol that includes measuring weight, height and calculating body mass index.</p> <p>c. Develop protocol that includes counseling on nutrition and physical activity with linguistic and culturally appropriate resources.</p> <p>d. Approach and vet protocols and strategies with appropriate clinic channels (i.e., existing clinic work group).</p>	Healthcare Liaison, Research Analyst (Community Settings)	4/1/13-6/30/13	<p>3a. MOUs signed- Due 5/31/13</p> <p>3b. Protocol language developed and approved- Due 5/31/13</p> <p>3c. Resources identified- Due 5/31/13</p> <p>3d. Presentations and meeting notes- Due 6/30/13</p>

**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

**Exhibit C**

**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

<b>Objectives</b>	<b>Activities and Subtasks</b>	<b>Staff Assignment</b>	<b>Timeline</b>	<b>Deliverables</b>
<p>11. By June 30, 2013, adapt existing nutrition and physical activity curriculum for child care providers and complete the train-the trainer workshop for the Resource and Referral agencies.</p> <p>(For progress report only)  <b>Objective Status:</b>  <input type="checkbox"/> IN-PROCESS  <input type="checkbox"/> COMPLETE  <input type="checkbox"/> DELAYED</p>	<p>1. Update nutrition and physical activity curriculum based on most current evidence.  a. Gather any new best-practice models developed in the last two years.  b. Integrate lessons learned and curriculum materials from Project RENEW's LAUP Project, DPH's SPA 6 Child Care Project, and First 5 LA's pilot licensed and license-exempt providers. (Curricula and resources to be considered include, but are not limited to, Sesame Street Healthy Habits for Life, NEMOURS, IOM recommendations, and NAP SACC)  c. Tailor curriculum for three main audiences – centers, homes and license exempt providers.  d. Translate curriculum into Spanish and additional languages as needed.  e. Include a parent component in the curriculum update.</p>	<p>Project Director, Child Nutrition and Physical Activity Consultant, Child Care Resource Center, Translation Services  (LA ROCCS)</p>	<p>10/1/12 – 3/1/13</p>	<p>1a. List of most current best practice models- Due 11/30/12  1b. Lessons learned and materials from other child care nutrition and physical activity projects integrated. Due 12/31/12  1c. Curriculum tailored for intended audiences- Due 12/31/12  1d. Curriculum translated- Due 12/31/12  1e. Parent Component- Due 12/31/12</p>
<p>2. Conduct Train-the-Trainer workshops to prepare staff at a minimum of 7 Resource and Referral agencies across Los Angeles County for subsequent training of child care providers utilizing the nutrition and physical activity curriculum developed.  a. Schedule Training.  b. Prepare and gather necessary documents.  c. Evaluate training.</p>		<p>Project Director, Child Care Resource Center and Child Nutrition and Physical Activity Consultant  (LA ROCCS)</p>	<p>3/1/13 - 6/30/13</p>	<p>2a. Training date and location scheduled - Due 2/28/13  2b. Documents gathered- Due 2/28/13  2c. Evaluation forms completed- Due 3/31/13</p>

## SCOPE OF WORK

### Reducing Early Childhood Obesity in Los Angeles County

Objectives	Activities and Subtasks	Staff Assignment	Timeline	Deliverables
<p>12. By June 30, 2013, develop a research-based, weight management tool kit, to be used online and in group settings, among post-partum women.</p> <p>(For progress report only)  <b>Objective Status:</b>  <input type="checkbox"/> IN-PROCESS  <input type="checkbox"/> COMPLETE  <input type="checkbox"/> DELAYED</p>	<p>1. Develop LA MOMs website.</p> <p>a. Obtain approval from County Public Health Information Systems.</p> <p>b. Identify at least 20 online and community resources per Service Planning Area to populate site.</p> <p>c. Develop corresponding social media tools, such as Facebook, CafeMoms, etc.</p> <p>d. Conduct four focus groups to test website and social media tools with mothers and community agencies serving mothers.</p> <p>e. Develop evaluation metrics to assess site use and social media tools.</p> <p>f. Launch Beta website.</p>	<p>Project Director, Project Manager, Wellness Coordinator, IT consultant, Social Media Consultant, Evaluation consultant, Translation Services (LA MOMs)</p>	<p>7/1/12- 6/30/13</p>	<p>1a. Approval - Due 12/31/12</p> <p>1b.c. Summary of web site features, including social media-platforms- Due 3/30/13</p> <p>1d. Summary of focus group test results-Due 5/30/13</p> <p>1e. Evaluation plan- Due 5/30/13</p> <p>1f. Website live – Due 6/30/13</p>
	<p>2. Develop LA MOMs enrollment criteria and curriculum for pilot study.</p> <p>a. Establish criteria for enrollment</p> <p>i. Enrollment criteria to be based on county-wide delivery data, post-partum overweight and obesity data</p> <p>ii. Develop recruitment plan.</p> <p>b. Develop curriculum and resources ensuring materials to be linguistically and culturally appropriate.</p>	<p>Project Director, Project Manager, Wellness Coordinator (LA MOMs)</p>	<p>7/1/12- 6/30/13</p>	<p>2ai. Summary of criteria established based on available countywide delivery data- Due 10/31/13</p> <p>2aii. Recruitment plan developed- Due 0/31/13</p> <p>2b-c. Curriculum on file -Due 6/30/13</p>
	<p>3. Develop a minimum of two recruitment tools to enroll post-partum mothers in LA MOMs pilot study.</p> <p>a. Develop recruitment tools to include purpose, initiatives, resources link, qualification criteria, enrollment link and contact number.</p> <p>b. Conduct two focus groups to test recruitment tools in English and Spanish.</p> <p>c. Revise recruitment tools.</p> <p>d. Disseminate tools online and through social media channels.</p>	<p>Project Director, Project Manager, Wellness Coordinator, Translation Services (LA MOMs)</p>	<p>7/1/12- 6/30/13</p>	<p>3a. Informational/recruitment brochure finalized- Due 12/31/12</p> <p>3b. Summary of findings from focus group testing one file- Due 3/31/13</p> <p>3c-d. Final brochure dissemination summary and posted on web - Due 6/30/13</p>



**SCOPE OF WORK**  
**Reducing Early Childhood Obesity in Los Angeles County**

**Exhibit C**



Champions For Our Children

## Budget Summary

Agreement # \_\_\_\_\_  
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Exhibit D

Agency: LA County Department of Public Health

Project Name: Childhood Obesity Prevention Project

Agreement Period: 7/1/2012 - 6/30/2013

Cost Category		First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	\$989,146	\$256,151	\$1,245,297
2	Contracted Svcs (Excluding Evaluation)	\$2,348,943	-	\$2,348,943
3	Equipment	\$140,450	-	\$140,450
4	Printing/Copying	\$33,408	-	\$33,408
5	Space	\$157,516	-	\$157,516
6	Telephone	\$15,000	-	\$15,000
7	Postage	\$0	-	-
8	Supplies	\$36,925	-	\$36,925
9	Employee Mileage and Travel	\$6,406	-	\$6,406
10	Training Expenses	\$33,000	-	\$33,000
11	Evaluation	\$100,050	-	\$100,050
12	Other Expenses (Excluding Evaluation)	\$0	-	\$0
13	*Indirect Costs	\$65,998	-	\$65,998
TOTAL:		\$3,926,842	\$256,151	\$4,182,994

TOTAL:

[Signature] 7/2/12  
Fiscal Contact Person Date  
[Signature] 7/2/12  
Agency Authorized Signature Date

Phone # 213-351-7877

\*Indirect Costs MAY NOT exceed 10% of Personnel cost, excluding Fringe Benefits.

Additional supporting documents may be requested

7/2/2012

First 5 LA Authorized Staff Only	
Program Officer	<u>[Signature]</u> 7/2/12
Finance	<u>[Signature]</u> 7/2/12



Champions For Our Children

Agency: LA County Department of Public Health

Section 1

Personnel

Agreement Period: 7/1/2012 - 6/30/2013

Project Name: Childhood Obesity Prevention Project

73284

ANNUAL First 5 LA Funds PROJECT PERSONNEL BUDGET					TOTAL PROJECT PERSONNEL BUDGET		
Title/Name(s)	Gross Monthly Salary	% of Time on First 5 LA Project	Number of Persons	Months to be Employed	First 5 LA Funds	Matching Funds	Total Personnel Cost
Chief Physician II, Dr. Paul Simon	\$16,468	20%	1	12	\$0	\$39,523	\$39,523
Chief Physician II, Dr. Diana Ramos	\$14,107	20%	1	12	\$0	\$33,857	\$33,857
Programs Administrator, Cindy Harding	\$9,993	20%	1	12	\$0	\$23,983	\$23,983
Chief Physician I, Dr. Robert Gilchick	\$14,107	20%	1	12	\$0	\$33,857	\$33,857
Staff Analyst, Janet Scully	\$7,476	20%	1	12	\$0	\$17,942	\$17,942
Chief of Administration, Todd McNairy	\$9,061	20%	1	12	\$0	\$21,746	\$21,746
Senior Staff Analyst, Health, Steve Baldwin	\$9,060	10%	1	12	\$10,872	\$0	\$10,872
Physician Specialist I, MD, TBD	\$12,000	50%	1	6	\$36,000	\$0	\$36,000
Program Specialist, Public Health Nurse	\$10,059	100%	1	12	\$120,708	\$0	\$120,708
Staff Analyst, Health (Finance), TBD	\$7,475	100%	1	6	\$44,850	\$0	\$44,850
Staff Analyst, Health, Giannina Donatoni	\$7,476	100%	1	12	\$89,712	\$0	\$89,712
Staff Assistant II, TBD	\$4,856	100%	1	6	\$29,136	\$0	\$29,136
Contract Program Auditor, TBD	\$6,107	100%	2	6	\$73,284	\$0	\$73,284
Administrative Services Manager II (Contracts), TBD	\$7,457	100%	1	6	\$44,742	\$0	\$44,742
Research Analyst III	\$6,385	100%	2	6	\$76,620	\$0	\$76,620
Health Program Analyst I	\$6,527	100%	1	6	\$39,162	\$0	\$39,162
Health Program Analyst III	\$8,540	100%	1	6	\$51,240	\$0	\$51,240
Health Program Analyst II	\$7,275	100%	1	6	\$43,650	\$0	\$43,650
							\$0
Total Direct Salaries					\$659,976	170,909	830,885
DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS A *Fringe Benefits:							
Indirect Costs may not exceed 10% of Personnel cost, excluding Fringe							
USE ADDITIONAL SHEETS IF NECESSARY							
					Percentage		
					1.264%	2,160	10,502
					2.649%	4,527	22,010
					0.126%	215	1,047
					8.054%	13,765	66,919
					37.783%	64,574	313,933
Fringe Benefits Totals:					\$329,170.00	85,242.47	414,412
Total Personnel					989,146	256,151	1,245,297

\*Fringe Benefits must be broken down by categories.

7/2/2012



Champions For Our Children

Section 2

Contracted Services

Agreement # \_\_\_\_\_  
Page: 3 of 10  
Exhibit D

Agency: LA County Department of Public Health

Project Name: Childhood Obesity Prevention Project		Agreement Period: 7/1/2012 - 6/30/2013	
Contracted/Consultant Services	RATE OF PAY AND FORMULA USED FOR DETERMINING AMOUNT	First 5 LA Funds	Total Matching Funds
Personnel Services Contract (November 2012) - Will be used to recruit, hire and maintain DPH project staff members with the education, skills and experience required to complete initiative	1) Staff 22 FTE 2) Benefits 27% 3) Indirect 10%	1,413,943	0
Child Nutrition and Physical Activity Consultant- A part-time expert will be hired to develop the project curriculum for child care providers	\$150 x 333 hours	49,950	0
Child Care Resource Center - Responsible for conducting all nutrition and physical activity workshops for child care providers county-wide and parents	\$150 x 4667 hours	700,050	0
Change Lab Solutions- Will develop issue brief on marketing to children, provide legal research, analysis and technical assistance	\$150 x 267 hours	40,050	0
Media/PR Firm - Will tailor and leverage existing resources and implement a countywide social marketing campaign to extend the reach of the initiative	2 purchase orders, 1 for \$90,000 for Community Settings and another for \$50,000 for the LA MOMS	140,000	0
Translation Services	\$150 X 33 hours	4,950	0
Total Contracted Services:		\$2,348,943	\$0
			Total Contracted Svcs
			1,413,943
			49,950
			700,050
			40,050
			140,000
			4,950
			0

USE ADDITIONAL SHEETS IF NECESSARY

DO NOT FORGET TO ADJUST FIRST 5 LA FUNDS IF MATCHING FUNDS ARE INCLUDED  
USE ADDITIONAL SHEETS IF NECESSARY



Champions For Our Children

Section 3

Equipment

Agreement #

Page

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Exhibit D

Agency: LA County Department of Public Health

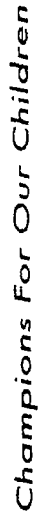
Project Name: Childhood Obesity Prevention Project

Agreement Period: 7/1/2012 - 6/30/2013

Equipment description of item	Quantity	Unit Cost	Total Equipment Cost	First 5 LA Funds	Matching Funds	Total Cost
Computer and Monitors for project staff	35	1,543	54,005	54,005	0	54,005
Computer Software - Adobe and Microsoft	35	1,285	44,975	44,975	0	44,975
Computer Software, Dragon Dictation	2	150	300	300	0	300
Computer Software, Food Processor	2	800	1,600	1,600	0	1,600
Computer, Monitor and Software for Graphic Designer	1	5,331	5,331	5,331	0	5,331
Computer Software for Graphic Designer - Adobe Design	1	1,600	1,600	1,600	0	1,600
Computer Software for Graphic Designer - Creative Suite 6 Design	1	1,399	1,399	1,399	0	1,399
Computer Equipment for Graphic Designer - camera	1	320	320	320	0	320
Computer Equipment for Graphic Designer - printer	1	4,745	4,745	4,745	0	4,745
Laptops/Microsoft Office for presentations and trainings	5	2,000	10,000	10,000	0	10,000
LCD Projectors for presentations and trainings	3	2,000	6,000	6,000	0	6,000
Paper shredder	2	100	200	200	0	200
Surge Protectors	5	75	375	375	0	375
Office Chair	5	100	500	500	0	500
Smart Phones for Social Marketing Promotion	4	400	1,600	1,600	0	1,600
Printers	5	1,500	7,500	7,500	0	7,500
Total Equipment:				\$140,450	\$0	\$140,450

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED  
USE ADDITIONAL SHEETS IF NECESSARY

7/2/2012



## Printing/Copying

**Agency:** LA County Department of Public Health

**Project Name:** Childhood Obesity Prevention Project

**Agreement #**

Page 5 of 10

Exhibit D

**Agreement Period:** 7/1/2012 - 6/30/2013

[illegible]

**DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED**  
**USE ADDITIONAL SHEETS IF NECESSARY**



## Sections 5 & 6

## Space & Telephone

**Agency:** LA County Department of Public Health

Project Name: Childhood Obesity Prevention Project

**Agreement Period:** 7/1/2012 - 6/30/2013

Space include description, cost per square foot	Footage/Quantity	Unit Cost	Number of Months	Total Space Cost	First 5 LA Funds	Matching Funds	Total Cost
Space - Commonwealth - \$1,9230 per sq. ft. x 372 sq. ft. x 7 months x 13 staff	4,836	1,92300	7	65,100	65,100	0	65,100
Space - Wishesire and Vermont- \$4,66012/sq. ft. x 100 sq. ft./cubicle x 7 months x 22 staff	2,200	4,6601298	7	71,766	71,766	0	71,766
Staff Parking (22 passes at \$100 per month for contract employees. Commonwealth Office space rent includes parking.)	22	100.00	7	15,400	15,400	0	15,400
Guest Parking Validations	per month	750.00	7	5,250	5,250	0	5,250

**Total Space:**

Telephone include # of lines and cost per line	Quantity	Unit Cost	Number of Months	Total Space:				Total Cost
				Total Phone Cost	First 5 LA Funds	Matching Funds	\$0	
Phone services	35	61.22	7	15,000	15,000	0		15,000
Total Telephone:				\$15,000	\$15,000	\$0		\$15,000

**DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED  
USE ADDITIONAL SHEETS IF NECESSARY**

Agency: LA County Department of Public Health

Project Name: Childhood Obesity Prevention Project

Agreement Period: 7/1/2012 - 6/30/2013

Postage include description	Quantity	Unit Cost	Number of Months	Total Postage Cost	First 5 LA Funds	Matching Funds	Total Cost
None							
Total Postage:				\$0	\$0	\$0	\$0

Supplies include description	Quantity per Year	Unit Cost	Number of Months	Total Supplies Cost	First 5 LA Funds	Matching Funds	Total Cost
Office Supplies - General office supplies for staff, including toner	35	85.41	7	20,925	20,925	0	20,925
Promotion and Education Items and Materials	1250	8.00	N/A	10,000	10,000	0	10,000
Toolkit	100	60.00	N/A	6,000	6,000	0	6,000
							0
Total Supplies:				\$36,925	\$36,925	\$0	\$36,925

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED  
USE ADDITIONAL SHEETS IF NECESSARY





Champions For Our Children

## Sections 9 & 10

Agreement #

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Exhibit D

### Employee Mileage/Travel & Training Expenses

Agency: LA County Department of Public Health

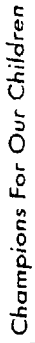
Project Name: Childhood Obesity Prevention Project

Agreement Period: 7/1/2012 - 6/30/2013

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
Mileage/Travel: 7 months, 16 FTE, 104 miles per month, \$55 per mile	11,648	0.55	6,406	6,406	0	6,406
			0	0	0	0
Total Employee Mileage/Travel:				\$6,406	\$0	\$6,406

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
Room Rental and Meeting Logistics - To carry out trainings, workshops, conferences, coalition meetings, steering committee meetings and parent engagement meetings	6	one per month, each at 1,500	9,000	9,000	0	9,000
Training and development - Training and technical assistance from experts to build capacity within and outside of DPH- 6 training sessions per month x 3 trainings a month for each program x \$1,333	6	three trainings a month for each program (LA ROCCS, COMM and MOMs) each at \$1,333	24,000	24,000	0	24,000
Total Training Expenses:				\$33,000	\$0	\$33,000

7/2/2012  
DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED  
USE ADDITIONAL SHEETS IF NECESSARY



## Evaluation

Exhibit D

**Project Name:** Childhood Obesity Prevention Project

[illegible]

Total Evaluation:	\$100,050	\$100,050	\$0	\$100,050
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Champions For Our Children

Sections 12 & 13

Other Expenses & Indirect Cost

Agency: LA County Department of Public Health

Project Name: Childhood Obesity Prevention Project

Agreement Period: 7/1/2012 - 6/30/2013

Agreement #

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Exhibit D

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
					0	0
					0	0
					0	0
					0	0
Total Other Expenses:			\$0	\$0	\$0	\$0

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
10% Indirect	65,998	65,998		65,998
Total Indirect Cost:		\$65,998	\$0	\$65,998

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED  
USE ADDITIONAL SHEETS IF NECESSARY

DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF CHRONIC DISEASE AND INJURY PREVENTION

FIRST 5 Childhood Obesity Prevention Project

BUDGET NARRATIVE

A. PROJECT PERSONNEL BUDGET

**YEAR ONE**  
**Total: \$989,146**

Personnel will be hired through two mechanisms: 1.) through County allocated positions and 2.) through a temporary service personnel agreement (which is explained in detail under Contracts/Consultant Services.). The process to secure the County allocated positions and the temporary service personnel agreement occur along with contract negotiations and execution. The County allocated positions and the temporary services personnel are estimated to be completed by December 31, 2012.

First 5 Funded County Allocated Personnel Items

Salaries 100% FTE \$659,976

<i>Position Title and Name</i>	<i># Positions</i>	<i>Annual Salary</i>	<i>Time % FTE</i>	<i>Months Per Year</i>	<i>Year One</i>
Physician Specialist I, MD to support Community Settings	1	\$144,000	50%	6	\$36,000
TBD					
Program Specialist, Public Health Nurse to support LA MOMs	1	\$120,708	100%	12	\$120,708
TBD					
Staff Analyst, Health to support County finance department	1	\$89,700	100%	6	\$44,850
TBD					
Staff Analyst, Health to support LA MOMS	1	\$89,712	100%	12	\$89,712
Giannina Donatoni can start July 1, 2012					

<b>Staff Assistant II</b> to support LA ROCCS and LA MOMs	1	\$58,272	100%	6	\$29,136
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TBD

**Contract Program**

<b>Auditor</b> one to support Community Settings, another to LA ROCCS and LA MOMs)	2	\$73,284	100%	6	\$73,284
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TBD

**Administrative Services**

<b>Manager II</b> to support County Contract and Grants	1	\$89,484	100%	6	\$44,742
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TBD

**Research Analyst III**

To support LA ROCCS and LA MOMS	2	\$76,620	100%	6	\$76,620
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TBD

<b>Health Program Analyst I</b> to support MOMS	1	\$78,324	100%	6	\$39,162
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<b>Health Program Analyst III</b> to support LA ROCCS	1	\$102,480	100%	6	\$51,240
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<b>Health Program Analyst II</b> to support LA ROCCS	1	\$87,300	100%	6	\$43,650
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**Senior Staff Analyst, Health (Director, Nutrition Program) to support Community Settings**

<b>This staff position is not included in the calculation of supplies, mileage, and travel.</b>	1	\$108,720	10%	12	\$10,872
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Steve Baldwin  
 can start July 1, 2012

<b>TOTAL</b>	<b>14</b>				<b>\$659,976</b>
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Physician Specialist I, MD – TBD (50%FTE)

This position will serve as the designated medical director who supervises staff and oversees the day-to-day operations of the health care component of the community settings initiative, overseeing the outreach to medical care facilities.

Program Specialist, Public Health Nurse (100% FTE)

The Program Specialist, Public Health Nurse will lead the research and development of educational and assessment materials and the LA MOMs teaching curriculum (Postpartum Toolkit). This position will oversee the Nutrition Health Educator, Physical Activity Health Educator, Wellness Health Educator, and Training contracts.

Staff Analyst, Health (Finance) – TBD (100% FTE)

This position will direct and analyze reimbursement requirements to determine if claims for reimbursement conform to applicable rules and regulations according to DPH and First 5 protocols. The Staff Analyst will work closely with to develop annual financial plans for the expenditure of funds, monitor performance consistent with these plans, and prepare summaries of financial activities for First 5 documentation and reporting requirements.

Staff Analyst – Giannina Donatoni (100% FTE)

This position will serve as lead administrator for LA MOMs, working under the direction of the Chief Physician II. She will oversee the Health Program Analyst I, Research Analyst III, and the Community and Marketing and Social Media consultant contracts.

Staff Assistant II - TBD (100% FTE)

The Staff Assistant II will support in the day-to-day operation of the project. This position will perform general administrative duties such as scheduling and supporting events, preparing travel and mileage claims, and purchasing requests. Activities may also include developing web-based communications, e-mail updates, and assisting in teleconferences and in-person meetings.

2 Contract Program Auditors- TBD (100% FTE)

The Contract Program Auditor (CPA) will audit, evaluate services, and conduct detailed inspections of contractors during on-site visits, including evaluations of each special area of contracted services, such as staff qualifications, proof of licensure, proof of insurance coverage, adequacy of documentation, and charting procedures related to grant funded activities. He/she will also manage contracts by monitoring expenditures to ensure budgetary compliance; prepare budget modifications as needed; and ensure accuracy and compliance with First 5 reporting data requirements.

Administrative Service Manager II (Contracts and Grants) - TBD (100% FTE)

The Administrative Service Manager II will provide administrative services which directly impact the administration of major departmental programs and administrative operations. He/she will evaluate the effectiveness of various programs by comparing program outcomes to program goals in order to determine whether to continue, modify, or discontinue programs.

Research Analyst III- TBD (100% FTE)

This position will develop qualitative and quantitative instruments to measure changes in environment, select realistic and achievable processes and outcome measures, data collection, analysis and logic modeling for LA ROCCS. The Research Analyst III will refine program efforts ongoing to help initiative to gain visibility, leverage additional funding, replicate successful models, and support sustainability.

Research Analyst III – TBD (100% FTE)

This position will participate in planning, implementing, and evaluating the LA MOMs project. This includes consulting with the Evaluator to design, plan, and conduct analyses for project management and evaluation; designing and maintaining project databases; developing research and surveillance tools; and analyzing population data relevant to the project using Los Angeles Mommy and Baby (LAMB) project data.

Health Program Analyst I- TBD (100% FTE)

This position will be responsible for assisting in the planning, development, implementation, and evaluation of the LA MOMs project and its social media component. The Health Program Analyst I will develop recommendations for project improvements or changes based on performance data; identify, initiate, and support community partners and mothers' groups throughout the county, and assist in the coordination of LA MOMs project activities with the Reducing Childhood Obesity in LA County activities. The Health Program Analyst I will serve as liaison between the web development and social media contractors and will prepare reports including a summary report of the project findings, strengths, and limitations to assist partner organizations at the conclusion of the project.

Health Program Analyst III- TBD (100% FTE)

This position manages LA ROCCS activities, including oversight of contractors and consultants associated with work plan, including monitoring budgets, monthly reports, milestones, and key accomplishments. This position guides the program development process among partners, works with partners to develop and implement scopes of work, and ensures progress toward completion of initiative goals. This position is responsible for convening key workshops, coalitions and partnerships and communicating to outside stakeholders.

Health Program Analyst II- TBD (100% FTE)

This position will support LA ROCCS project activities, including helping with monthly reports, reaching project milestones and working with key programs. This position will participate in nutrition and physical activity program development process among partners. The Health Program Analyst II will help to convene key workshops, coalitions and partnerships including the Steering Committee. This position will assess data needs and provide local health data to funded partners. This position will develop resources and provide technical assistance to enhance collaboration with partners.

Senior Staff Analyst, Health – Steve Baldwin (10% FTE)\*\*Is not included in the calculation of supplies, mileage, travel, etc.

As Director of the Nutrition Program, Mr. Baldwin will leverage his expertise and resources in nutrition and physical activity education and community outreach to assist the Project Director in carrying out several of the key objectives for First 5. He will work with the Project Director in supporting the efforts related to project development and implementation.

**In-Kind Staff**

The following staff is considered in-kind given that no funds from First 5 will be utilized to offset their salary. In-kind staff is defined as staff whose funding time on First 5 is subsidized by Net County Cost.

The following staff is considered In-Kind and will contribute 20% of their time to First 5:

Chief Physician II, Dr. Paul Simon  
Chief Physician II, Dr. Diana Ramos  
Programs Administrator, Cindy Harding  
Chief Physician I, Dr. Robert Gilchick  
Staff Analyst, Janet Scully  
Chief of Administration, Todd McNairy

**Fringe benefits**

**\$329,170**

YEAR ONE

\$659,976 (Total Salaries) x 49.876% = \$329,170

**Justification:**

49.876% of Total salaries = County Employee Benefits

Please see tables below for breakdown of the Employee Benefits and "Other" 37.783% cost.

DESCRIPTION	RATE
<b>EMPLOYEE BENEFITS:</b>	
FICA	1.264%
SUI	2.649%
Health	0.126%
WC	8.054%
Other*	37.783%
<b>TOTAL EMPLOYEE BENEFITS</b>	<b>49.876%</b>



*OTHER ITEMIZED	RATE			Total
<b>EMPLOYEE BENEFITS:</b>				
Retirement-Regular 1976 - 1979	9.160%			9.160%
Retirement Plan E	3.218%			3.218%
Deferred Retirement	0.014%			0.014%
Life Insurance Other than Plan E		0.005%		0.005%
Life Insurance Plan E		0.010%		0.010%
Megaflex Life Ins		0.103%		0.103%
Life Insurance		0.065%		0.065%
Megaflex (STD, LTD, SIB)		0.274%		0.274%
Life Insurance Choices		0.000%		0.000%
Life Insurance Options		0.000%		0.000%
Megaflex Contribution	3.393%			3.393%
Flexible Benefit Plan	0.171%			0.171%
Choices Plan Expenditures	0.576%			0.576%
Options Plan	12.264%			12.264%
Cafeteria Plan Advances	0.001%			0.001%
Thrift Plan/Horizon	1.326%			1.326%
Pension Savings Plan	0.050%			0.050%
Savings Plan	0.369%			0.369%
Transportation Allowance	0.004%			0.004%
Exp Reimb-Auto Lease Pmts	-0.004%			-0.004%
Dependent Care Flex/Mega Flex	0.024%			0.024%
Dependent Care Choices	0.011%			0.011%
Dependant Care Options	0.111%			0.111%
Ret-Cert of Participation	0.000%			0.000%
Pension Bonds Costs	6.077%			6.077%
Long Term Disability		0.549%		0.549%
Life Ins-Split Dollar-Executv		0.003%		0.003%
Other (Unbilled Employee Benefits)	0.008%			0.008%
<b>TOTAL S&amp;EB</b>	<b>12.392%</b>	<b>24.381%</b>	<b>1.010%</b>	<b>37.783%</b>

## B. CONTRACTED SERVICES

### YEAR ONE

#### Contracts/Consultant Services

**\$2,348,943**

#### **Justification:**

There are a number of agencies partnering with the Department of Public Health (DPH) for the successful implementation of the grant objectives. These agencies/contractors are essential for adequately achieving all of the objectives given that a multi-faceted, multi-prong, and comprehensive coordinated strategy is needed to reach such a diverse population in Los Angeles County. Each subcontract will be reviewed and approved by First 5 prior to County contract execution. As required by First 5 LA, the Project needs to be responsive to the input of a Steering Committee to be assembled during the first year. In addition, given the four-year duration of the contract and the limited research on the most effective interventions to families with very young children, it is also anticipated that additional services will be required to respond to results obtained in the first 24 months of the Project to ensure that First 5 LA priorities and deliverables are met.

- a.) **Temporary Service Personnel Agreement (TSPA):** A solicitation for temporary personnel services will be solicited using the Department of Public Health's Master Work Order

Agreement. Once a vendor is selected a contract will be executed to recruit, hire and maintain DPH project staff members with the education, skills and experience required to complete initiative. The TSPA will hire 22 positions for years 1 and 2 of the grant. These positions will transfer to County positions within 24 months. The TSPA is anticipated to be completed by November 1, 2012. Nineteen of the staff positions are for the community settings initiative; three are for the LA MOMs initiative.

YEAR ONE (7 Months): \$1,413,943

The temporary personnel solicitation must include a fringe benefit range from 22 to 27%. We have budgeted the fringe benefit at 27%.

**The following categories are included in fringe benefits:**

- F.I.C.A
- Health Insurance
- Unemployment
- Disability
- Life Insurance
- Workers Compensation
- Pension/Retirement
- Other

**Personnel Service Agreement Staff**

**PERSONNEL:**

Project Director, Suzanne Bogert	100%
Senior Program Analyst, Lauren Neel	100%
4 Program Analysts, TBD	100%
Food Industry Liaison, TBD	100%
Communication Manager, Assistant, TBD	100%
Communication Manager, Ali Noller	50%
Research Analyst II, TBD	100%
Chief of Operations, Fernanda Andrade	100%
2 Fiscal Analyst III, TBD	100%
Graphic Artist, TBD	100%
Special Project Coordinator, TBD	100%
Office Manager, TBD	100%
Legal Policy Analyst, TBD	20%
Implementation Science Analyst, TBD	100%
Health Care Liaison, TBD	100%
Nutrition Health Educator, TBD	100%
Physical Activity Health Educator, TBD	100%
Wellness Health Educator, TBD	100%

- b.) **Child Nutrition and Physical Activity Consultant:** A part-time consultant will be hired to finalize the project curriculum for child care providers. S/He is responsible for identifying best-practice models, managing a subcommittee of the Steering Committee to inform the curriculum development, selecting the tools and resources to include, and conducting the train-the-trainer workshops to the Resource and Referral agencies. Approximately 333 hours will be required to complete the project, at \$150/hour, through a Purchase Order.

YEAR ONE (9 Months): \$49,950

- c.) **Child Care Resource Center:** The Child Care Resource Center will be responsible for offering all nutrition and physical activity workshops, offer technical assistance and assist in evaluating workshops for County-wide child care providers and parents. Funds will be distributed among the various Child Care Alliance members to hire staff and cover other start up costs. In year one, the Child Care Alliance members will also assist with the development of the curriculum and evaluation plan. Approximately 4,667 hours will be required to complete the project at \$150/hour through a sole source agreement.

YEAR ONE (9 months): \$700,050

- d.) **Change Lab Solutions:** Contractor will develop issue briefs on marketing to children, provide legal research, analysis and technical assistance, support outreach to key decision makers and develop community-tailored trainings. Year one budget includes 267 hours of senior staff time at \$150.00 per hour, through a sole source agreement.

YEAR ONE (6 Months): \$40,050

- e.) **Media/PR Firm:** Contractor will tailor and leverage existing resources and implement a County-wide social marketing campaign to extend the reach of the initiative. The nutrition and physical activity education campaign will target parents of young children and include the use of traditional and social media. The campaign will also include outreach to local policymakers, health care professionals and community leaders highlighting the need for healthy choices and supportive environments to grow healthy children. Of the total contracted amount, \$90,000 will be used for the Community Settings initiative and \$50,000 will be used for LA MOMS. Both contracts will be executed via separate purchase orders. During the first year of this grant, media services will be procured through a purchase order following the County's purchasing process. The Department of Public Health is in the process of establishing a Master Agreement for media services by 2013. We expect to do a work order solicitation for media services under this new master agreement starting in Year 2.

YEAR ONE (6 Months): \$140,000

- d.) **Translation Services:** Translation and interpretation services will be required to effectively communicate with the diverse communities being reached by this initiative. Materials will need to be culturally and linguistically appropriate and translated for each outreach and education campaign. All five printing requests will need to be translated into other languages. Translation services will be needed for community meetings. Approximately 33 hours will be required to complete the project at \$150/hour through a purchase order.

YEAR ONE (12 Months): \$4,950

## C. EQUIPMENT

### YEAR ONE

#### Equipment

**\$140,450**

**Year 1 equipment budget includes First 5 funding**

#### **Justification:**

- 1.) **Computers and Monitors required for project staff:** Equipment will be used by the 35 staff members directly funded by First 5 to carry out daily activities of the program (13 100% FTE County Staff and 22 Contracted positions). Steve Baldwin will not require equipment because he is only working 10% on this grant. Workstations include monitors and terminals.

\$1543 computers/monitors x 35 staff = \$54,005

2.) **Computer Software:** Software licensing is needed for staff to carry out their assigned responsibilities on the computer (Microsoft Office and Adobe). A few specialized software licenses are needed to meet specific project objectives. Two Food Processor licenses will be needed to analyze children's menus and healthy samples for the restaurant and grocery store initiatives. Two Dragon Dictation licenses will be used to verbally enter in data sets for evaluation purposes.

\$1285 computer software (MS Office, Adobe) x 35 staff = \$44,975

\$150 Dragon Dictation software x 2 staff = \$300

\$800 Food Processor software x 2 staff = \$1,600

3.) **Computer, Monitor, and Software for Graphic Designer:** The graphic designer will need specialized equipment and software to perform his/her duties of developing key education and marketing pieces.

\$5,331 computer/monitor/software for Graphic Designer=\$5,331

\$1,600 Adobe Design software x 1 staff=\$1,600

\$1,399 Creative Suite 6 Design x 1 staff=\$1,399

\$320 Graphic Designer camera x 1 staff=\$320

\$4,745 Graphic Designer printer x 1 staff=\$4,745

4.) **Laptops with Microsoft office licenses for presentation and trainings:** Laptops are required for staff to present to key partners and community members. Two laptops will be purchased for community settings, two laptops will be purchased for LA MOMs and one laptop will be purchased for LA ROCCS.

\$2,000 laptops with MS Office x 5 staff = \$10,000

5.) **LCD projectors:** One LCD projector will be provided to each program: one for community settings, one for ROCCS and one for MOMs.

\$2,000 projectors x 3 staff=\$6,000

6.) **Paper shredders:** Two paper shredders are required for LA ROCCS and MOMs to destroy sensitive documents, such as finance documents. Community settings do not require a paper shredder.

\$100 paper shredder x 2 units=\$200

7.) **Surge protectors:** Required to protect printers. One protector will go to Community settings, two to LA ROCCS and two to MOMs.

\$75 surge protectors x 5 units=\$375

8.) **Office chairs:** County will provide most chairs, however 5 new ones will need to be used for expanded staff at LA ROCCS and MOMs.

\$100 office chairs x 5 staff=\$500

9.) **Smart phones:** Smart phones will be used to support and access LA MOMS social media campaign. Senior level administrators will receive these phones to monitor marketing outreach.

\$400 smart phones x 4 units=\$1,600

10.) **Printers:** Mid-size printers are needed beyond existing County resources. One printer will go to Community settings, two to LA ROCCS and two to MOMs.

\$1,500 mid-size printers x 5 units=\$7,500

#### D. PRINTING/COPYING

**YEAR ONE**  
**\$33,408**

##### Printing/Duplication and Copier Rental

**Year 1 printing/copying budget is 100% First 5 funding**

##### Justification:

- 1.) **Print and Duplication:** During year 1, it is estimated that 5 products will need professional printing and large numbers of duplication. Three of the printed products will be materials to support the restaurant, grocery store, and medical outreach efforts. The additional two products will be to support the Community Settings and MOMs marketing efforts.

\$0.35/print and duplication x 64,594 brochures/reports, issue briefs, etc.= \$22,608

- 2.) **Copier Rental:** Community settings rents a photocopier due to high volume of copies required for community education and outreach portions of the grant. ROCCS and MOMS will use existing County resources.

\$1,350/month x 8 months = \$10,800

#### E. SPACE

**YEAR ONE**  
**\$157,516**

##### Space

##### Justification:

- 1.) **Space:** Work stations within County facilities are needed to accommodate staff members who are essential to complete the activities that support all of the objectives of the scope of work. Rent will be needed in three County facilities: Vermont, Wilshire, and Commonwealth.

Vermont and Wilshire Offices: \$4.6601298/sq. ft./per month x 100 sq. ft./cubicle x 7 months x 22 staff= \$71,766

Commonwealth Office: \$1.9230 per sq. ft. x 372/sq. ft. x 7 months x 13 staff = \$65,100

- 2.) **Staff parking:** Twenty-two employees will require monthly parking passes to park at the three work sites. The Commonwealth Office space rent includes staff parking.

22 passes x \$100 per month x 7 months = \$15,400

- 3.) **Guest parking validation:** Parking validations are necessary for partners and stakeholders who will be meeting with staff members at Vermont and at Commonwealth. Guest parking budget will be divided among the three programs.

Approximately 30 parking validations a month at a cost of \$25  
\$25 x 30 parking validations a month x 7 months = \$5,250

## F. TELEPHONE

### YEAR ONE

#### Telephone

**\$15,000**

#### Justification:

- 1.) **Phone services:** Thirty five direct lines as well as a conference bridge access are necessary for communication to partners and community members.

35 staff x \$61.22 a month x 7 months = \$15,000

## G. POSTAGE and SUPPLIES

### YEAR ONE

**\$36,925**

#### Postage and Supplies

#### Justification:

- 1.) **Postage:** No First 5 funds are requested for postage. Any postage required to administer grant will be provided by County.
- 2.) **Office supplies:** General office supplies will be required to support 35 staff members to carry out daily activities of the program. General office supplies include pens, pencil, tape, staplers, folders, binders, writing tablets, etc. The budget for supplies is divided equally per person per program.

35 staff x \$85.41 office supplies allocated per staff x 7 months = \$20,925

- 3.) **Promotional and Education Items and Materials:** Nutrition and physical activity promotional education items and materials will be developed to support healthy messaging and promote behavior change at home. These items and materials will be provided to community based organizations, restaurants, grocery stores, churches, promotoras, health care professionals, other County agencies, foster care agencies, child abuse and neglect prevention agencies and parents during the funding period. These items must cost less than \$8.00 each, and may include items such as measuring cups, colander, pedometers, water bottles, etc.

1250 materials/year x \$8/unit = \$10,000

- 4.) **Toolkits:** One hundred customized toolkits will be used to disseminate nutrition, physical activity best practices and portion size recommendations to community based organizations, restaurants, grocery stores, churches, promotoras, health care professionals, other County agencies, foster care agencies, child abuse and neglect prevention agencies and parents during the funding period. Tool kits will be ethnically and culturally- relevant to best reach the diverse populations being served through this initiative. Tool kits will be developed by end of year 1.

100 tool kits/year x \$60/unit = \$6,000

## G. EMPLOYEE MILEAGE/TRAVEL and TRAINING EXPENSES

### Mileage/Travel and Training

**YEAR ONE**  
**\$39,406**

#### Justification:

- 1) **Mileage/Travel:** Budget is required in order for 16 program staff to attend mandatory meetings, trainings, and conferences to support the program objectives. Mileage budget is needed in order for program staff to attend various meetings to support the program objectives on a regional and local level. Program staff must travel to meet with community partners, stakeholders, schools, and to attend trainings as necessary. Mileage reimbursement is .55 cents per mile.

$$.55 \text{ per mile} \times 16 \text{ staff} \times 7 \text{ months} \times 104 \text{ miles per month} = \$6,406$$

- 2) **Room rental and Meeting logistics:** Six off-site meeting rooms will be needed to rent throughout year 1 to host and facilitate trainings, workshops, conferences, coalition meetings, steering committee meetings and parent engagement meetings to complete scope of work. Any food that is provided will meet the County nutrition standards.

$$6 \text{ training sessions} \times \$1,500/\text{session} = \$9,000$$

- 3) **Training and Development:** Training and technical assistance from experts to build capacity within and outside of DPH will be required throughout year 1. Training topics will be fleshed out after meeting with steering committee and community partners. Training will be split up among three programs, including community settings, LA ROCCS and MOMs.

$$6 \text{ training sessions per month} \times 3 \text{ trainings a month for each program} \times \$1,333 = \$24,000$$

## H. EVALUATION

### Evaluation Contracted Services

**YEAR ONE**  
**\$100,050**

Year 1 evaluation budget is 100% First 5 funding

#### Justification

- 1.) **Evaluation Contracted Services:** Contractor will support MOMS (\$50,025) and LA ROCCS (\$50,025) in developing qualitative and quantitative instruments, selecting realistic and achievable processes and outcome measures, data collection, analysis and logic modeling. Evaluation will refine program efforts, help initiative to gain visibility, leverage additional funding, replicate successful models, and support sustainability. Both will be purchased through a purchase order.

$$\$150/\text{hour} \times 667 \text{ hours} = \$100,050$$

## I. OTHER EXPENSES

### Other Expenses and Indirect Costs

**YEAR ONE**  
**\$65,998**

Total Personnel (\$659,976) x 10% Indirect Rate=\$65,998

**County of Los Angeles Department of Mental Health  
Parent-Child Interaction Therapy**

Exhibit A: Multi-Year Scope of Services

Exhibit B: Projected Multi-Year Budget

Exhibit C: FY 12-13 Scope of Work, October 1, 2012-  
June 30, 2013

Exhibit D: FY 12-13 Budget, October 1, 2012- June  
30, 2013

Exhibit E: FY 12-13 Budget Narrative



**Multi-Year Scope of Services**  
**County of Los Angeles Department of Mental Health**  
**October 1, 2012 – September 30, 2017**

**PROJECT:** Parent-Child Interaction Therapy

**BACKGROUND:** The Parent Child Interaction Therapy (PCIT) project was approved at the Feb 10, 2011 Commission Meeting in the amount of \$20 million over 5 years to provide clinical support for children with serious behavior problems and their parents. PCIT is an evidenced-based therapy that has been successfully used to help young children ages 2 to 7 years old with serious behavior problems like aggressiveness, defiance, temper tantrums and oppositional behavior. More recently, this practice has been expanded to children ages 6 months to seven years of age. It has also been documented as an effective practice for reducing incidences of low to moderately severe physical abuse cases involving young children.

Of the total \$20 million approved allocation, \$17 million over 5 years was designated on March 21, 2012 to the County of Los Angeles Department of Mental Health (LACDMH) to provide: 1) funding for one-time facility upgrades for mental health provider agencies to renovate their existing facilities to provide PCIT therapy to eligible parents and children; 2) closely coordinate with UC Davis for the design and delivery of the PCIT training services; and 3) direct services support. The remaining \$3 million in approved First 5 LA funding will be provided to the University of California at Davis to develop the training curriculum and deliver PCIT training to LACDMH-contracted providers to become certified in PCIT.

**First 5 LA Priority Goal:** The proposed program aims to address First 5 LA's 2009-2015 Strategic Plan's ***Priority Goal: Ensure children are safe from abuse and neglect*** by expanding the number of trained PCIT providers in Los Angeles County.

**SCOPE OF SERVICES:** The general scope of services to be provided by the County of Los Angeles Department of Mental Health over 5 years beginning October 1, 2012 will be implemented to specifically achieve the following objectives:

1. Identify and select clinicians from up to 20 agencies currently implementing PCIT services to participate in the advanced training program. LACDMH training coordinator will recruit agencies and therapists to participate in the training. This will include contract provider and directly operated agencies and therapists that have completed the initial PCIT training and are eligible for the advanced training;
2. Recruit and select agency therapists to participate in training to certify new therapists in PCIT therapy. Up to 20 agencies will be recruited to have a team of clinicians (four clinicians per team) participate in training during year one, up to ten agencies/teams will be recruited in years two through four, and up to 8 agencies/teams will be recruited to participate in training during year five. LACDMH will develop the recruitment and selection processes, and coordinate with the Training Provider, University of California at Davis to deliver the training;
3. Allocate and distribute funding for facility upgrades or modifications, and training stipends to therapists who will participate in the PCIT training program;
4. Increase availability of direct services. Once certified, therapists will provide PCIT services to eligible children and families who do not qualify under state and federal funding requirements for Medi-Cal. First 5 LA will provide funds to fully support the provision of PCIT services to children and families who may benefit from PCIT, but do not qualify for Medi-Cal. Cost of PCIT services is estimated to be approximately \$ 7,000/family.
5. Allocate and distribute funding for direct services. Includes the development of methods to allocate funding to agencies for direct services, amend agreements as necessary, and ensure distribution of funding. First 5 LA will

provide funds to serve as the match for state and federal funding to expand PCIT services via contracted community-based agencies to families that would not otherwise be eligible for services due to funding and other restrictions. LACDMH will oversee the increase in services by contracted providers.

6. Provide technical assistance to LACDMH-contracted providers and directly operated clinics to assist agency clinicians in appropriate claiming procedures once staff are trained and certified in PCIT;
7. Assist in developing the Evaluation Design. This includes contributing LACDMH evaluation tools for the project as well as providing technical assistance to support First 5 LA's evaluation and assistance using evaluation data for program improvement.
8. Provide program support, which will include scheduling trainings, monitoring completion of trainings, and certifying agencies as PCIT providers.
9. Monitor PCIT training needs and communicate with First 5 LA regarding adding training in additional Evidence Based Practices appropriate for First 5 LA's Strategic Plan, should interest in PCIT training decline.

**TARGETED OUTCOMES:** In implementing this project, the County of Los Angeles Department of Mental Health will focus on producing the following outcomes:

1. Increased number of PCIT certified clinicians (or alternate appropriate Birth to five practice) from 98 to 450 by September 30, 2017.
2. Increased number of birth to five clients and parents/families who have received treatment from PCIT certified clinicians (or alternate appropriate Birth to five treatment practice) from 320 to an average of 420 per year (cumulative of 2100 over five years) by September 30, 2017.
3. Demonstrated clinically significant decline in maladaptive behavior intensity among child and parent clients.

# DRAFT

## Exhibit B

### FIRST 5 DRAFT 5-YEAR Budget Revised 07/06/2012 BFRD

	Year 1	Year 2	Year 3	Year 4	Year 5	
	July 1, 2012 - June 30, 2013	July 1, 2013 - June 30, 2014	July 1, 2014 - June 30, 2015	July 1, 2015 - June 30, 2016	July 1, 2016 - June 30, 2017	TOTAL
Full Time - Training Coordinator	\$ 76,625	\$ 76,625	\$ 76,625	\$ 76,625	\$ 76,625	\$ 383,125
Full Time - Intermediate Typist Clerk (ITC)	33,740	33,740	33,740	33,740	33,740	168,700
Full Time - Psychiatric Social Worker II (PSW II)	68,583	68,583	68,583	68,583	68,583	342,915
Full Time - Health Program Analyst I	70,816	70,816	70,816	70,816	70,816	354,080
Full Time - Accountant II	51,142	51,142	51,142	51,142	51,142	255,710
Subtotal - Salaries Only	300,906	300,906	300,906	300,906	300,906	1,504,530
Indirect - Salaries Only - 10%	30,091	30,091	30,091	30,091	30,091	150,453
Employee Benefits	108,574	108,574	108,574	108,574	108,574	542,870
Operating Costs	86,750	86,750	86,750	86,750	86,750	433,750
Psychological Assessment/Evaluation Materials	36,177	51,655	56,869	62,924	62,924	270,549
<b>Total DMH Costs</b>	<b>562,498</b>	<b>577,976</b>	<b>583,190</b>	<b>589,245</b>	<b>589,245</b>	<b>2,902,152</b>
Provider Stipends	465,024	180,197	171,478	171,478	142,414	1,130,590
Capital Needs Set-aside	500,000	250,000	250,000	250,000	200,000	1,450,000
Funding for Medi-Cal Match	579,251	708,240	1,144,080	1,525,440	1,825,080	5,782,091
Funding for Direct Indigent Services	166,500	420,000	840,000	1,050,000	1,330,000	3,806,500
Public outreach	187,500	100,000	100,000	50,000	50,000	487,500
IT Consultants	427,595	-	-	-	-	427,595
<b>Total - Contractor and Consultant Costs</b>	<b>2,325,870</b>	<b>1,658,437</b>	<b>2,505,558</b>	<b>3,046,918</b>	<b>3,547,494</b>	<b>13,084,276</b>
Overhead	153,329	89,932	172,814	226,045	274,722	916,844
<b>Total Costs</b>	<b>\$ 3,041,697</b>	<b>\$ 2,326,345</b>	<b>\$ 3,261,562</b>	<b>\$ 3,862,208</b>	<b>\$ 4,411,461</b>	<b>\$ 16,903,272</b>

#### Notes:

1. Please note final budget may change once overhead for auditor-controller is identified and added.
2. First5 LA will clarify whether CEO staffing costs is required for management oversight.

## EXHIBIT A – PERFORMANCE MATRIX

## Exhibit C

Contract Number:

Contract Period: October 1, 2012 to June 30, 2013

Agency Name:

County of Los Angeles - Department of Mental Health

Project Length: October 1, 2012 to September 30, 2017

Project Name:

Parent Child Interaction Therapy

Outcome Statement	Outcome Target	Performance Measures How do you measure the outcome?	Process Milestones
<b>Outcome #1:</b> Increased access to PCIT Mental Health services by children birth to five years of age and their parents in Los Angeles County.	<ul style="list-style-type: none"> <li>80% increase in the number of PCIT certified clinicians by June 30, 2013</li> </ul>	<ul style="list-style-type: none"> <li>Data report showing number of providers in LA County certified in PCIT</li> </ul>	<ul style="list-style-type: none"> <li>Hold kick-off event to introduce First 5 LA – DMH PCIT strategic Partnership to DMH Staff, ICARE Network members, First Five LA, and DMH Contracted Providers working with children.</li> <li>Select provider agencies, to participate in PCIT program</li> <li>Develop timeline of program activities</li> <li>Obtain MOU between PCIT Trainers and LAC DMH</li> <li>Recruit personnel for program implementation: selection of provider agencies, coordination of training activities, and tracking progress on goals</li> <li>Develop policies and procedures</li> <li>Begin holding quarterly meetings with First 5 LA, and DMH regarding PCIT Program progress</li> <li>Submit annual report describing process outcomes, program data and outcomes, to First 5 LA as per contract requirement</li> <li>Finalize Year 2 contract between First 5 LA and DMH</li> </ul>
<b>Outcome #2:</b> Increased therapists' capacities to deliver PCIT services and improved agencies' capacities to successfully sustain PCIT services by leveraging available training opportunities as well as resources to serve as match	<ul style="list-style-type: none"> <li>50% increase in the number of children ages birth to five and their parents/families who receive PCIT services in LA County by DMH contracted or directly operated clinics by June 30, 2013.</li> </ul>	<ul style="list-style-type: none"> <li>Data report showing number of clients receiving PCIT services through LAC DMH contracted or directly operated clinics</li> <li>Data report on funding sources</li> <li>Data report Countywide and by Service</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate funding for facility upgrades and purchasing of technical equipment</li> <li>Compile data on facility upgrades and technical equipment acquisition by Provider</li> <li>Coordinate PCIT training and supervision</li> <li>Compile data on number of clinicians trained</li> <li>Compile data on outreach and direct services activities</li> <li>Technical assistance to provider agencies on issues regarding outcome measures, and successfully leveraging Medi-Cal funding</li> </ul>

# EXHIBIT A – PERFORMANCE MATRIX Exhibit C

Outcome Statement	Outcome Target	Performance Measures How do you measure the outcome?	Process Milestones
for state and federal funding.		Planning	
<b>Outcome #3:</b> Improved child and family functioning among target population who receive PCIT services.	<ul style="list-style-type: none"> <li>65% of children and parents/families who received PCIT services in year 1, and for whom agencies have reported outcome data, will demonstrate clinically significant declines in maladaptive behavior intensity</li> </ul>	<ul style="list-style-type: none"> <li>Outcome Management application</li> <li>Data</li> <li>Youth Outcome Questionnaire-self-report (YQQ-SR) version, and the Eyberg Child Behavior Inventory (ECBI). If a parent is not available to participate in the outcome measure the ECBI may be replaced by the Sutter Eyberg Student Behavior Inventory-Revised (SESBI-R).</li> <li>Evaluation Plan</li> </ul>	<ul style="list-style-type: none"> <li>Develop plan for outcome measure data collection and submission to First 5 LA</li> <li>Submit Evaluation Plan</li> <li>Build/modify data outcome measure application</li> <li>Coordinate Outcome Measure data collection with provider agencies</li> <li>Submit Outcome Measures reports</li> <li>Submit report on Data Management System</li> </ul>



Champions For Our Children

Contract #  
Page:

Exhibit D

Budget - Outcomes Exhibit B

DRAFT

Agency: \_\_\_\_\_

Project Name: \_\_\_\_\_

Outcome Target 1

	Brief description	Approved Budget
Staff Cost	Include type of position directly related to the outcome	0
Professional Services	For all outside professional costs incurred related to outcome	0
Direct Cost	For all other direct charges related to the outcome (supplies, training, mileage, travel, etc.)	0
TOTAL:		\$0

Outcome Target 2

	Brief description	Approved Budget
Staff Cost	Include type of position directly related to the outcome	0
Professional Services	For all outside professional costs incurred related to outcome	0
Direct Cost	For all other direct charges related to the outcome (supplies, training, mileage, travel, etc.)	0
TOTAL:		\$0
Total Cost:		\$0

Fiscal Contact Person \_\_\_\_\_ Date

Agency Authorized Signature \_\_\_\_\_ Date

Phone # \_\_\_\_\_

First 5 Authorize Staff
Program Officer
Finance

Additional supporting documents may be requested

## PARENT-CHILD INTERACTION THERAPY (PCIT)

### FY 2012-13 Budget Narrative

**Outcome #1: Increase number of PCIT certified clinicians by 100% \$961,254**

**LACDMH PCIT Training Coordinator** – Net Salary: \$76,625, Employee Benefits: \$27,648, Services and Supplies (Operating Costs): \$16,550. Total: **\$120,823**

The LACDMH Training Coordinator will plan, develop, implement and coordinate PCIT program training activities. This includes participation in identifying and selecting PCIT provider agencies to participate in the training program. The Training Coordinator will provide technical assistance to secure venues, prepare all requisite training paperwork, and secure documents necessary for Continuing Education Units (CEU) processing requirements. Additionally, the Training Coordinator will interface with the University of California Davis (UC Davis) PCIT Training Coordinator and Trainers to implement the training activities. Other duties include the following: Develop a comprehensive training plan which addresses policy for participant selection; Determine training needs through investigation, consultation and evaluation of the number of clinical staff who need PCIT training currently, and those who have received PCIT training in the past, quality of that training and progress to advanced training; Advise and consult with provider agencies, First 5 LA and PCIT trainers in formulating ongoing training plans; Coordinate the availability of training material and its distribution to the appropriate staff; Analyze and evaluate the effectiveness of trainers and training in collaboration with provider agencies and recommend revisions to increase effectiveness. Minimum requirements for this position include a graduate degree in mental health, familiarity with PCIT, experience analyzing, coordinating and implementing training programs. The annual net salary of a Training Coordinator is \$76,625 (63.42% of total compensation/operating costs) and annual benefits are \$44,198 (36.58% of total compensation/operating costs).

**PCIT Psychiatric Social Worker II (PSWII)** – Net Salary: \$68,583, Employee Benefits: \$24,747, Services and Supplies (Operating Costs): \$20,550. Total: **\$113,880**

The Psychiatric Social Worker II will be the practice lead to agencies participating in this countywide project. As such, the practice lead will be knowledgeable about PCIT and act as the DMH voice for the practice. This will include being trained in PCIT, compiling frequently asked questions (FAQs) regarding PCIT, being knowledgeable about DMH requirements associated with PCIT, assist in developing policy regarding use of PCIT, and providing recommendations for implementation, effectiveness and sustainability. The practice lead will also collaborate with the developer/trainer and act as a liaison among First 5 LA, DMH, developer/trainer and provider agencies. Additionally, the practice lead



will provide technical assistance and support to agencies regarding implementation, monitor fidelity to the PCIT model, track the collection and reporting of outcomes, and appropriate claiming for direct services. With regard to sustainability of the PCIT practice model, the practice lead will convene quarterly round table meetings with providers implementing PCIT, plan for interrupted progression and staff turnover, and develop a concrete implementation plan. The annual net salary of a Psychiatric Social Worker II is \$68,583 (60.22% of total compensation/operating costs) and annual benefits are \$45,297 (39.78% of total compensation/operating costs).

**PCIT Intermediate Typist Clerk (ITC) – Net Salary: \$33,740, Employee Benefits: \$12,174, Services & Supplies (Operating Costs): \$16,550. Total: \$62,464**

The Intermediate Typist Clerk will provide clerical and administrative support to the Training Coordinator, PSW II and Health Program Analyst I. The Typist Clerk will oversee training logistics and assist with scheduling trainings. This includes preparing materials for trainings, managing the training registration process, providing support for training events, introducing the trainer(s), developing training certificates, and maintaining the trainee data base. The Intermediate Typist Clerk will develop, distribute, collect and summarize training evaluation documents. Additionally, the Typist Clerk will proofread documents to insure accuracy, manage data entry activities required to create charts, and prepare spreadsheets important to PCIT training and administrative functions. The annual net salary of an Intermediate Typist Clerk is \$33,740 (54.02% of total compensation/operating costs) and annual benefits are \$28,724 (45.98% of total compensation/operating costs).

**Health Program Analyst I – Net Salary: \$70,816, Employee Benefits: \$25,552, Services & Supplies (Operating Costs): \$16,550. Total: \$112,918**

The Health Program Analyst I will assist in the development, evaluation, monitoring and implementation of PCIT. The Health Program Analyst I will also develop a method for allocating and distributing funds for facility upgrades and modifications, stipends to therapists participating in training activities, and direct services reimbursement. Other activities include assisting provider agencies with amending agreements as necessary, and assisting agencies in understanding how they may access reimbursement for services from state and federal funding sources. Under general supervision, the Health Program Analyst I will define and analyze practice requirements, gather and analyze information and data pertaining to program functions, and plan, develop and monitor budgets for the PCIT project. The annual net salary of a Health Program Analyst I is \$70,816 (62.71% of total compensation/operating costs) and annual benefits are \$42,102 (37.29% of total compensation/operating costs).

**Accountant II – Net Salary: \$51,142, Employee Benefits: \$18,453, Services & Supplies (Operating Costs): \$16,550. Total \$86,145**

The Accountant II will assist in manual invoicing for the First 5 LA and complete the payments to contract providers within the schedule deadline. The Accountant II will also be in charge of reviewing and accounting for other financial provisions of the contract providers in order to process their monthly payments. The Accountant II also serves as a liaison for approximately 15 Non-Governmental Agency (NGA) for services they provide to Mental Health Clients. Main duties include prepare and submit for processing the NGA payment worksheet, includes a minimum of 2 service fiscal years; generate the payment report from the database, review and make necessary adjustments for current and prior years); submit the worksheet and supporting documents for approval by reviewing the entries in electronic Countywide Accounting and Payment System (eCAPS) and database once data entry is complete, submitting the worksheet to the first approval level; and email a copy to the contractors once all levels of approval have been applied. The annual net salary of an Accountant II is \$51,142 (59.37% of total compensation/operating costs) and annual benefits are \$35,003 (40.63% of total compensation/operating costs).

### **Provider Stipends**

**\$465,024**

This stipend is based on LACDMH's current reimbursement rates. It will be provided for therapist participating in the PCIT initial and advance training programs. Up to 4 clinicians in each of the 20 agencies for a total of up to 80 clinicians will have opportunities to participate in the initial training while up to 200 PCIT certified clinicians will have opportunities to participate in the advance training in year one. One hundred (100) hours of initial training and 24 hours of advance training will be offered to non-PCIT and PCIT certified clinicians, respectively at a cost of \$36.33 per hour of training. The advanced training will be provided to PCIT Clinicians and Supervisors who have already completed the initial PCIT training.

**Outcome #2: Increase PCIT services provided to children ages birth to five through LAC DMH contracted and directly operated clinics by 50%**

**\$1,433,251**

### **Capital Needs Set-aside**

**\$500,000**

Provider agencies may need to upgrade their facilities and/or equipment in order to support appropriate environmental requirements of PCIT training and implementation. First 5 LA is providing a maximum of \$25,000, per site for a total of up to 20 sites, for one-time capital expenditure for retrofitting each provider agency's facility and/or acquiring needed equipment for the appropriate implementation of PCIT. Funds shall be used for the repurposing of two rooms per site. PCIT requires that a stripped therapy room be provided, wherein services are rendered. Additionally, an adjacent observation room with either a one-way mirror or video monitoring must also be available. With regard to equipment, a communication system which allows the therapist to speak in real time to the parent during parent-child interactions is required. Video-taping equipment is also required, in order to tape sessions. These tapes can then be used for evaluating PCIT treatment interactions, supervision and training purposes. Additional requirements may be stipulated by the UC Davis Training Professional.

**Funding for Medi-Cal Match****\$579,251**

LACDMH is the countywide mental health program administrator and is the local entity responsible for establishing provider eligibility to receive reimbursement for mental health services for children and their families in Los Angeles County. In order to leverage funding from state and federal sources, agencies must ensure that the consumer meet "medical necessity" criteria for Medi-Cal reimbursement. Sources such as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Healthy Families, State Mental Health Services Act, Prevention and Early Intervention (MHSA PEI) provide money to leverage as Medi-Cal match for direct services. The funds provided by the First 5 LA grant, will assure that agencies can provide services to approximately 165 families during the first year funding of this project. Funding for the Medi-Cal Match is limited to the duration of First 5 LA funding for the project.

**Funding for Direct Indigent Services****\$166, 500**

Families who do not meet state or federal funding eligibility criteria face insurmountable barriers to accessing quality mental health services. During year one, funding from First 5 LA will support approximately 24 families for year one at a projected cost of \$7,000 per family, assuming an average of 24 sessions over a period of 4-6 months.

**Public Outreach****\$187,500**

In order to ensure outreach to consumers who can best benefit from the specific PCIT program interventions, provider agencies will conduct outreach and education activities. These activities will target that specific population in the dissemination of information regarding the benefits of improved functioning in individuals and within the family through participation in Parent-Child Interaction Therapy. These activities will additionally ensure the long-term sustainability of PCIT. Outreach Services enable provider agencies to reach the community-at-large, and provide a proactive way to address the needs of those who might not know how to access PCIT services. Outreach services include consultation, education and information services provided to other professionals, organizations or community residents with the specific goal of helping them become familiar with the benefits of PCIT, and the general goals of enhancing the mental health of the general population; assisting those who are experiencing stress, promoting mental health; and expanding the continuum of care through client-centered supportive services. Examples of outreach activities include, but are not limited to the following: contact with community residents, welfare personnel, pediatric clinics and hospitals, school personnel, residential care providers/staff, criminal justice system personnel, clergy, etc. to familiarize them with identification and referral of infants, children and parents who would benefit from PCIT treatment. Additionally, provider agency staff may provide information during a parenting class, community health fair presentation or other similar community group, regarding availability of PCIT services. Finally, agencies currently implementing PCIT may be able to

present informational forums coordinated by DMH to agencies that may be considering the appropriateness of PCIT for their client population.

**Outcome #3: Demonstrate clinically significant decline in the intensity of maladaptive behavior** **\$463,772**

The PCIT program requires that consumers receive an outcome evaluation. Outcomes are tracked by administering a general outcome measure as well as a measure specifically targeting the focus of treatment, at time of intake. These measures are administered again at specific intervals during treatment and at treatment completion. For PCIT, the LACDMH MHSA Implementation and Outcomes Division has identified the following instruments: Youth Outcome Questionnaire (YOQ) version and the Eyberg Child Behavior Inventory (ECBI). If a parent is not available to complete the ECBI, the Sutter Eyberg Student Behavior Inventory-Revised (SESBI-R) may be completed by the client's teacher. The YOQ is available in English and Spanish. The ECBI, in addition to being available in English and Spanish, is also available in Chinese, Japanese, Korean and Russian. The SESBI-R is also available in English, Spanish, Chinese and Arabic. The cost to conduct this activity includes purchase of the proprietary assessment materials listed above. Each kit containing both versions of the ECBI/SESBI-R costs \$168.30. The cost per set of 25 replacement forms in English is \$34.00. During contract Year 1, 20 ECBI/SESBI-R kits will be purchased, in order to distribute one to every provider agency. It is estimated that we will need 475 packets of replacement forms in English, for a total cost of \$19,516. The cost of administering the outcome measures in a language other than English is \$2.60 per incident. We have budgeted \$16,661 to cover an estimated 6408 incidents of needing to administer outcomes in a language other than English. DMH may be able to reduce this cost, as efforts are currently under way to translate the outcome measures into the County's threshold languages, and this can be leveraged for this project. The estimated cost for 4,272 client outcome measures in year one is \$36,177. With regard to YOQ, DMH has purchased a lifetime license to use these measures thereby eliminating cost to First 5 LA for this instrument. Additionally, a onetime expense covers costs which will be incurred in the development of an Outcome Measure application which is estimated at \$427,595. This amount reflects personnel time to develop the outcome measure application, which will be used for reporting PCIT outcomes, analyzing outcome measure data and reporting results to agencies implementing PCIT, DMH administration and First5 LA. With regard to personnel, the development of the outcome measure application will require hiring multiple

IT consultants to plan, develop, program and build the outcome measure application. The funding for IT consultants/personnel also includes supplies and equipment the IT consultants may require to develop the outcome measure application specific to the First5 LA / LAC DMH Strategic Partnership.

**Indirect (10%) – Net Salaries Only** **\$30,091**

**Overhead – Other Expenses** **\$153,329**

The LACDMH overhead consists of administrative costs associated with the development and implementation of the PCIT program.

**YEAR 1 TOTAL** **\$3,041,697**

DRAFT

COUNTY OF LOS ANGELES

## REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S. 060  
NO.

DEPARTMENT OF CHIEF EXECUTIVE OFFICE

July 31, 2012

## AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

## ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2012-2013

4 - VOTES

SOURCES

SEE ATTACHMENT

USES

SEE ATTACHMENT

SOURCES TOTAL: \$ 102,708,000

USES TOTAL: \$ 102,708,000

JUSTIFICATION

Reflects the depositing of \$87.3 million in funds received from First 5 LA under a Multi-Project/Multi-Year Agreement into a new Special Revenue Fund, the First 5 LA - County Strategic Initiatives Fund, and the transfer of appropriation to the Departments of Public Health and Mental Health offset by a transfer of funding from the First 5 LA - County Strategic Initiatives Fund to support departmental costs related to four strategic initiative projects funded by First 5 LA.



AUTHORIZED SIGNATURE [NAME]

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF  
EXECUTIVE OFFICER FOR ---☐ ACTION☒ RECOMMENDATION

AUDITOR-CONTROLLER

BY

Karen Shikuma

B.A. NO. 007

July 23 2012

☒ APPROVED AS REQUESTED☐ APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER

BY Martin McElrath

July 23, 2012

SEND 6 COPIES TO THE AUDITOR-CONTROLLER

County of Los Angeles  
REQUEST FOR APPROPRIATION ADJUSTMENT  
Chief Executive Office  
FY 2012-13

SOURCES	USES
First 5 LA - County Strategic Initiatives <b>B22-AC-91-9197-41700</b> First 5 LA \$87,275,000 Increase Revenue	First 5 LA - County Strategic Initiatives <b>B22-AC-6100-41700</b> Operating Transfers Out \$15,433,000 Increase Appropriation  First 5 LA - Co Strategic Initiatives Fund <b>B22-301C</b> Assigned for PH – Reducing Childhood Obesity \$38,499,000 Increase Obligated Fund Balance  <b>B22-301D</b> Assigned for PG – Substance Abuse Treatment Services \$10,000,000 Increase Obligated Fund Balance  <b>B22-301E</b> Assigned for PH – Healthy Kids Outreach Partnership Program \$9,385,000 Increase Obligated Fund Balance  <b>B22-301F</b> Assigned for MH – Parent Child Interaction Therapy \$13,958,000 Increase Obligated Fund Balance
Public Health-Public Health Programs <b>A01-PH-96-9924-23450</b> Operating Transfers In-First 5 LA \$7,391,000 Increase Revenue	Public Health-Public Health Programs <b>A01-PH-1000-23450</b> Salaries and Employee Benefits \$900,000 Increase Appropriation  Public Health-Public Health Programs <b>A01-PH-2000-23450</b> Services and Supplies \$6,491,000 Increase Appropriation
Public Health-Substance Abuse Prevention and Control <b>A01-PG-96-9924-20400</b> Operating Transfers In-First 5 LA \$5,000,000 Increase Revenue	Public Health-Substance Abuse Prevention and Control <b>A01-PG-1000-20400</b> Salaries and Employee Benefits \$405,000 Increase Appropriation  Public Health-Substance Abuse Prevention and Control <b>A01-PG-2000-20400</b> Services and Supplies \$4,595,000 Increase Appropriation

BA007 *Karin Zukawa* 7/23/12

Mental Health  
**A01-MH-96-9924-20500**  
Operating Transfers In-First 5 LA  
\$3,042,000  
Increase Revenue

Sources Total: \$102,708,000

Mental Health  
**A01-MH-1000-20500**  
Salaries and Employee Benefits  
\$440,000  
Increase Appropriation

Mental Health  
**A01-MH-2000-20500**  
Services and Supplies  
\$2,602,000  
Increase Appropriation

Uses Total: \$102,708,000

BA 007 Karen Shikuma 7/23/12



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
 FIRST 5 LA  
 PARENT CHILD INTERACTION THERAPY  
 LIST OF ITEMS

<u>ITEM # &amp; SUB LETTER</u>	<u>TITLE OF POSITION</u>	<u>N POSITIONS</u>	<u>FTE'S</u>
01865A	TRAINING COORDINATOR, MH	1	1.0
09035A	PSYCHIATRIC SOCIAL WORKER II	1	1.0
02214A	INTERMEDIATE TYPIST – CLERK	1	1.0
04727A	HEALTH PROGRAM ANALYST I	1	1.0
00647A	ACCOUNTANT II	1	1.0
	Total	<u>5</u>	<u>5.0</u>